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CHILDREN'S HEALTH AND MEDICAL CARE PROTECTION ACT OF 2007—Continued

Mr. STARK. Mr. Speaker, at this time, I'm pleased to recognize the gentleman from North Dakota (Mr. POMEROY) for 1 minute. Pending that, I would note that, as a former insurance commissioner, he understands that the endorsement of the National Association of Insurance Commissioners is necessary to prevent fraud in the Medicare Advantage program.

Mr. POMEROY. I cannot get out of my mind a picture that appeared in a newspaper a few months ago of a young boy with a toothache. The horrible story running alongside this picture was that this young fellow later contracted a brain infection from the tooth infection, and he later died. Because his family couldn't afford the tooth extraction, this young fellow lost his life. We don't have any more urgent national priority than making sure our children have access to the health care they need.

There is another feature of this bill as well. It's rural health care. If we don't pass this bill, there are very steep cuts slated for doctors of hospitals practicing in our rural areas.

It's hard keeping essential health services available for kids, for seniors, for everyone else in these rural areas. We have got to stop these cuts, help our kids, keep rural medicine thriving. Pass this bill.

Mr. BARTON of Texas. Mr. Speaker, I yield 2 minutes to the distinguished Member from New Jersey, Congressman GARRETT.

Mr. GARRETT of New Jersey. Mr. Speaker, throughout this debate, we have heard a vote against this bill is a vote against the children, a vote against the poor, a vote against those who need the help most; and had this legislation merely reauthorized the current law, the arguments might have had an element of truth to them. But

with this unconstrained growth in a welfare entitlement bill that this expansion has become, what we do know is that this bill now undermines the health care of millions of uninsured children and insured children and does so at the expense of American seniors.

Supporters of this bill would say that by no means is this a back door to a mandatory, socialized, government-run health care system. I say, not the back door, but, as PAUL RYAN might say, it's a front-door approach to a socialized, government-run health care system. Also, it opens the windows and the garage door as well.

This bill does not set a cap on the annual income levels of the families it covers, it does not include an asset test to ensure that millionaires are not eligible, and it expands the program to cover childless adults.

It is entirely conceivable, and, actually, it probably will occur, that the States can enroll as many people in this program as local politics will make expedient. A benchmark figure that has been bandied about is 300 percent. They want to enroll families up to 300 percent above the poverty level.

Just what would that system look like? According to the Census Bureau, and I just got these numbers a little while ago, of the 300 million or so people in this country, 48.3 percent, or roughly 145 million people, live at or below the 300 percent of the Federal poverty level. So we're now considering a new entitlement program for nearly half of the entire population of this country. And if you add to that number the 44 million people who are currently enrolled in Medicare, what does that mean? That means, with this bill, almost two-thirds of the entire population of this country will be on a government-run, socialized health care system, two-thirds paid for by one-third.

Mr. Speaker, make no mistake about it. This proposal is a large step towards

a single-payer, Washington-run State health care system.

Mr. DINGELL. Mr. Speaker, before I call up the next speaker, I would like to point out that this bill will save 12 million kids from losing their health insurance and that it will prevent New Jersey from having a \$200 billion shortfall in their SCHIP program.

At this time, I yield 2 minutes to the distinguished gentlewoman from California (Ms. SOLIS).

Ms. SOLIS. Mr. Speaker, today I rise very proudly in strong support of H.R. 3162, the CHAMP Act.

As policymakers, we have an obligation to make sure that children who are in the program do not lose their coverage and that those who are eligible for coverage but are not enrolled receive that care.

Millions of low-income children and seniors are depending on us to pass a bill so they can receive health care. The CHAMP Act will provide health care to 11 million poor children, reduce health care disparities in communities of color, and protect senior citizens who rightfully need access to their physicians.

Insured children are more likely to receive cost-effective, preventative services and are healthier, which leads to greater success in school and later on in life.

Although programs such as SCHIP and Medicaid have decreased the number of uninsured children, the lack of funding over the last 10 years and outreach efforts have left millions of children who are eligible from receiving this care.

More than 80 percent of uninsured African American and 70 percent of uninsured Latino children are eligible currently for public coverage but are not currently enrolled. In my district alone, 18,000 children go uninsured. The bill ensures that these children will receive that health care coverage.

Some would argue that this bill is a vote on immigration. I'm sorry, but

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

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they are absolutely wrong. The bill restores State's options to provide the coverage that they need; and the bill ensures that citizens who have lost their birth certificates and other identification are not immediately denied care, like the more than 11,000 children in Virginia and 14,000 children in Kansas who have lost their coverage.

The bill helps one-third of Asian and Pacific Islander American seniors who live in linguistic isolation understand health care.

The bill does not provide services, and I underscore, does not provide services to undocumented immigrants. Those who say that are blatantly wrong.

I urge support of the bill. Let's move on. Let's do the right thing for our children. Vote for the CHAMP Act.

Mr. BARTON of Texas. Mr. Speaker, could I inquire as to how much time I still control?

The SPEAKER pro tempore. The gentleman from Texas controls 10½ minutes of time.

Mr. BARTON of Texas. Mr. Speaker, I yield myself such time as I may consume.

(Mr. BARTON of Texas asked and was given permission to revise and extend his remarks.)

Mr. BARTON of Texas. Mr. Speaker, I want to recapitulate the debate as I see it today and start off, as I've already said, with what the Republicans are for.

We are for reauthorization of the SCHIP program. This program has been in existence for 10 years. It is a block grant program between the Federal Government and the States where we spend approximately \$5 billion each year to help States provide health care and health insurance for low-income and near-low-income children in their States. Some States have received waivers to provide health insurance for adults and for children that are not really in the low income.

We, on the Republican side, support reauthorization of the straightforward SCHIP program.

□ 1615

We believe that SCHIP should be for children. A Republican substitute, which was not made in order at the Rules Committee last evening, would limit SCHIP to children; that is, individuals in this country that are under 19 years of age or under.

We believe that SCHIP should be for low-income and near low-income children. The Republican substitute, again, allowed SCHIP eligibility for up to 200 percent of poverty. We believe that SCHIP should be for citizens of the United States and legal residents of the United States who have been here at least 5 years.

We believe that SCHIP should be funded without cutting senior citizens' health care, so the Republican substitute had no cuts in Medicare for our senior citizens. We also believe that we should fund SCHIP without tax increases. The Republican substitute had no tax increases to fund our SCHIP reauthorization.

The problems with the pending bill before us have become almost too numerous to mention. But just to go through some of them, first of all, the pending bill changes SCHIP from a block grant program for a limited duration of time to an open-ended entitlement. It has authorized such sums, and there is no time limit on the bill before us.

It removes the limitation on income at the Federal level. If a State chose to certify that millionaires were eligible for SCHIP, as far as we can tell, there is no restriction on covering millionaires, if a State chooses to make that certification.

There are tax increases in the Democratic-sponsored bill. There is a tobacco tax increase that CBO scores at least \$52 billion. And there is a cut in Medicare that CBO scores over a 10-year period at \$157 billion.

While there is disagreement among my friends on the majority side about this requirement, there are sections of the pending bill that removes the requirement that was put in place several years ago that States have to certify the citizenship of eligible citizens for SCHIP.

Of the 465-page bill that was produced in the Energy and Commerce Committee last week, three-fourths of that bill does not deal with children. The Democratic bill is not just about the children. According to the CBO score that we just received today, the pending bill before us in the SCHIP program, by expanding eligibility requirements, would add an additional 1.1 million children, and by adding enrollment within existing eligibility, another 1 million.

The SCHIP bill that the Democrats are putting before us, according to the CBO, adds 2.1 million children in the SCHIP categories, so that all the other money and all the other things that they are doing, it is not about the children. It is about a lot of other things.

So, I have great respect for the people that are trying to reauthorize SCHIP. I know that at some time this fall, some time in September or maybe in October, we will have a bipartisan effort to reauthorize and send to the President an SCHIP bill that he will sign. But this is not that bill. This bill won't come up in the Senate. This bill won't come up in conference between the House and the Senate in all probability. This bill will be voted on one time, and that is sometime this evening. And then it will just sit there.

So I would rather, as Chairman DINGELL and I talked about back in November, the day after the election when I called to congratulate him on becoming the new chairman of the Energy and Commerce Committee, I would have rather we spent this spring working on a bipartisan basis to come to an agreement on what we could agree on and bring before this body a bipartisan bill on SCHIP. That has not happened.

This bill was presented to the Energy and Commerce Committee at 11:36 last Tuesday evening and the markup was

scheduled the next day at 10 a.m. It was presented to the Rules Committee this morning at 12:30 a.m. It was reported out of the Rules Committee at approximately 2:30 a.m. this morning with no amendments and with self-executing changes that nobody had seen, until we had time to look at it this morning.

There have been no amendments on either side; not just on our side, but on their side. So the only people that really know what is in the bill, and the only people that really have input into the bill, are those people on the majority side that are working behind the scenes in the dark of night to craft this bill.

Mr. Speaker, I hope we vote "no" on the bill. I hope we vote "yes" on the motion to recommit. I hope eventually we will get in a bipartisan mode, work with our friends on the other side of the body, work with the President of the United States, and send to the President some time this fall a bipartisan SCHIP reauthorization bill that is just about the children.

Mr. Speaker, today the Democratic majority will make claims that they support reauthorizing the SCHIP program and, by implication, that Republicans do not. I, for one, fully support reauthorizing the State Children's Health Insurance Program. I also believe we should ensure that the program is covering the population it was intended to serve, and that's low-income children who don't have health insurance. It isn't for adults or for bureaucrats who think adults should pretend to be children. It isn't for men and women making \$100,000 salaries. And it shouldn't be an incentive to pull families out of private health insurance coverage and into a public welfare program.

States have used the gaping loopholes in the current SCHIP program to expand coverage to include adults and people with the kinds of salaries that are still a dream to most working people. Our friends on the majority think those are blessings, not problems, and that explains why they've written legislation that makes the list of blessings longer instead of shorter. Their bill is the first giant leap towards government-run, universal health care since Hillarycare collapsed under the weight of its own bureaucracy and deception. More bureaucracy? They're for it. More welfare? They're for it. Rationing health care? They're for it. A blank check? They're for it. In reality, the check isn't exactly blank. The CBO indicates that the cost of this Democratic welfare bill will top \$200 billion, and that's only for Federal taxpayers. The States' share of SCHIP will cost the state taxpayers another \$300 billion.

The majority would spend hundreds of billions of dollars saying that they are trying to cover low-income children who don't have insurance. That's not what CBO says. According to the Congressional Budget Office, of the newly eligible individuals, 60 percent already had private health insurance coverage.

Democrats say they are not raising the eligibility levels for SCHIP in this bill. They fail to mention that they allow states to determine income and they also do away with the block-

grant nature of the program by providing states swollen Federal matching funds, even for families making above \$200,000 a year. Now, some will say I've got it all wrong, but if I'm wrong and they're right, show me. I challenge my friends on the majority to point to the place in the bill where that would be prohibited. Further evidence that this bill is not about low-income children is that their bill actually allows for bonus payments to states if they eliminate asset tests. It looks like they do want welfare for the rich, and the richer, the better. I ask, should a millionaire's child be on SCHIP or Medicaid? I don't think the American people believe so, but the majority's bill encourages it.

Yesterday, on the floor some members spoke about how this bill would pay for services for illegal immigrants. With no true way to refute that assertion the majority, in the managers' amendment that was released after midnight this morning, added a new section that states that no Federal funding can go towards paying for care for illegal immigrants. That was a nice restatement of current law, but it does not change the fact that this bill eliminates the requirement that States verify a person's citizenship before they are enrolled. If we don't verify citizenship, this new section is meaningless. The bill even eliminates the 5-year waiting period that legal immigrants must wait before being enrolled in Medicaid, effectively inviting more illegal immigration.

During the morning session, member after member of the majority rose to say that this bill is about children. I ask my colleagues to show me where in this bill limits this Children's Health Program to children. They can't, because the bill will continue the discredited practice of siphoning off money from children's health care to buy health care for adults. We had amendments filed at the Rules Committee to ensure that SCHIP dollars go toward children, not adults, but these amendments were banned.

The majority also says this isn't kids versus senior citizens, but Democrats pay for their enormous expansion by cutting \$200 billion from Medicare. The Democratic bill makes a particular target of the senior citizens who picked Medicare Advantage, and takes over \$150 billion away from them. That means more than 8 million of our seniors will have their choice in health care coverage sharply restricted. This bill disproportionately harms rural and low-income Medicare beneficiaries in particular since it cuts payments in these areas so drastically that plans will be driven out of these markets.

The draconian cuts that the Democrats expect the Medicare Advantage program to take will obliterate the benefit. Again, no wonder the Democrats kept this bill away from the public eye. It is hard to explain to seniors why you are cutting their benefits.

These plans are an important option for low-income and minority beneficiaries—57 percent of enrolled beneficiaries have incomes less than \$30,000. These plans can reduce cost-sharing relative to traditional Medicare. These plans also offer better access to care—more than 80 percent of plans provide coverage for hospital stays beyond the traditional Medicare benefit, and more than 75 percent cover routine eye and hearing tests. Over 98 percent of beneficiaries can enroll in a plan offering preventive dental benefits.

These are our most vulnerable seniors. Yes, the Democrats would cut their benefits to pay for the higher income children and adults. They made this decision with no legislative hearings and developing the bill behind closed doors. My friends on the majority claim that they have had seven hearings on this. I would like to set the record straight that the Energy and Commerce Committee held one hearing on SCHIP back in February to discuss the general program, and did not discuss anything that is incorporated in this bill. They did not even invite the people who administer SCHIP

at the Department of Health and Human Services to testify.

This bill was written in secret, delivered at midnight, and then rewritten from 1 to 3 a.m. this morning.

We have had little time to examine this bill, and we have found glaring weaknesses, I urge all members to be very cautious about what you are voting for because the rhetoric of the authors of the bill doesn't match the substance. The majority adjourned the Full Committee markup without disposing of a single amendment or reporting the bill. The rules Committee allowed no amendments in order. We have had more Committee process in this Congress on bills naming post offices.

It should come as no surprise that the majority wants to ram this through with no public process provided and no changes allowed. They don't want people to know what's in it, and they certainly don't want people to change it. They claim that they have to do this because the program will expire. They have had 8 months to reauthorize the program since the day that Chairman DINGELL and I agreed that SCHIP was to be a high priority in the Energy and Commerce Committee. Where have the Democrats been? They claim that this is of the highest priority, but yet they sat on it until they could create an artificial crisis and then blame Republicans for daring to read their bill. I question why they would treat the reauthorization of SCHIP as a last-minute concern.

I feel it's important to note that SCHIP is only part of the Democrats' bill, which also is laden with attacks on Medicare and Medicaid. The legislation pits children against the elderly. It was brought here today out of the night, when no one was looking.

I urge Members to vote against this bad bill so we can reauthorize this program in a responsible, transparent, and open way that the powerful Democrat leadership promised to conduct the business of the Nation.

PRELIMINARY CBO ESTIMATE OF CHANGES SCHIP AND MEDICAID ENROLLMENT OF CHILDREN UNDER H.R. 3162, THE CHILDREN'S HEALTH AND MEDICARE PROTECTION ACT

[All figures are average monthly enrollment, in millions of individuals. Components may not sum to totals because of rounding.]

	SCHIP ^a				Medicaid ^b				SCHIP/Medicaid total		
	Enrollees moved to SCHIP	Reduction in the uninsured	Reduction in other coverage ^c	Total	Enrollees moved to SCHIP	Reduction in the uninsured	Reduction in other coverage ^c	Total	Reduction in the uninsured	Reduction in other coverage ^c	Total
FISCAL YEAR 2012:											
CBO's baseline projections				3.3							28.3
Effect of providing funding to maintain current SCHIP programs	0.6	0.8	0.5	1.9	-0.6	n.a.	n.a.	-0.6	0.8	0.5	1.3
Effect of additional SCHIP funding and other provisions:											
Additional enrollment within existing eligibility groups ^d	n.a.	0.6	0.4	1.1	n.a.	3.1	0.8	3.9	3.8	1.2	5.0
Expansion of SCHIP and Medicaid eligibility to new populations	n.a.	0.5	0.5	1.0	n.a.	0	0.2	0.2	0.5	0.7	1.2
Subtotal	n.a.	1.1	0.9	2.1	n.a.	3.1	1.0	4.1	4.2	1.9	6.2
Total proposed changes	0.6	1.9	1.5	4.0	-0.6	3.1	1.0	3.5	5.0	2.4	7.5
Estimated enrollment under proposal				7.3				28.4			35.8

Note: These estimates are based on the bill as ordered reported by the Committee on Ways and Means on July 27, 2007, and modified by the amendments in the legislative language RULES—005, (dated August 1, 2007, at 12:25 AM)

^a The figures in this table include the program's adult enrollees, who account for less than 10 percent of total SCHIP enrollment.

^b The figures in this table do not include children who receive Medicaid because they are disabled. The figures for "additional enrollment within existing eligibility groups" include about 120,000 adults who would gain eligibility under section 801 of the bill.

^c "Other coverage" is largely private coverage, but also includes about 200,000 legal immigrant children who now receive coverage under state-funded programs.

^d For simplicity of display, the Medicaid figures in this line include the additional children enrolled as a side effect of expansions of SCHIP eligibility.

n.a. = not applicable

I reserve the balance of my time.

The SPEAKER pro tempore. The gentleman from Texas has 4 minutes remaining.

Mr. BARTON of Texas. Mr. Speaker, I would ask unanimous consent that my 4 minutes be controlled by Mr. McCRERY of Louisiana.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

The SPEAKER pro tempore. The gentleman from Louisiana (Mr. McCRERY) now controls 49 minutes, the gentleman from Michigan (Mr. DINGELL) controls 27.5 minutes, and the gentleman from California (Mr. STARK) controls 29.5 minutes.

Mr. DINGELL. Mr. Speaker, I will defer to my good friend from Louisiana (Mr. McCRERY).

Mr. McCRERY. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, as my colleague, the ranking member of the Energy and Commerce Committee, said earlier this afternoon, we in the minority want to reauthorize the Children's Health Insurance Program. Our motion to recommit, which we will offer later today, will do that.

SCHIP should be about a bipartisan program. We think it should focus on low-income children. That was the concept when both parties agreed to create this program back in 1997. But the bill that is on the floor today loses sight of that focus, and, therefore, we cannot support it.

We could support it with significant changes. Unfortunately, the Rules Committee did not allow us the opportunity to offer amendments to change the bill, so we are left to our only device as the minority, and that is a motion to recommit. So that motion will act as kind of a sum of our amendments that we would have offered and hoped to have passed, to put the bill in a form that we hope will pass in a bipartisan manner.

The bill that is before us today, though, without amendment raises taxes by at least \$54 billion. We believe it raises those taxes to fund a massive expansion of government-controlled health care. This is not just about helping low-income children. This bill today seems to be spending government funds to lower middle-class, upper middle-class, even wealthy, perhaps, families to opt out of private health coverage and go to government health coverage.

I regret that we have not been able to work together in a bipartisan fashion on this issue. Perhaps when this motion to recommit comes up, we will have enough converts to adopt it, bring it right back to the floor of the House, and we will have a bipartisan bill. Or perhaps if this bill passes and something like it comes back to us in the form of a conference report and the President vetoes it and we sustain the veto, then we will have a chance to operate on a bipartisan basis and reauthorize this program in a timely manner. I hope so.

But this bill before us today, in addition to having a substantial increase on the tobacco tax, they try to hide, at least it appeared that the majority tried to hide, a secret tax increase on health insurance plans.

When it came before the Ways and Means Committee, we did have a markup. We did have the opportunity to explore this bill, at least the part that was in the jurisdiction of the Ways and Means Committee. We discovered this tax increase. It wasn't in the Joint Tax score of the bill. It wasn't listed as a revenue raiser in their report. We asked CBO. They couldn't tell us about it, but we discovered it in the fine print. It is a tax on health insurance policies.

Well, what is that going to do? It is going to raise the cost of private health insurance. Maybe that is what the majority wants, to raise the cost of private health insurance, to drive even more people from private insurance into government health care.

This new tax is going to generate money sufficient to accumulate to about a \$3 billion pot of money over the next 10 years. That is a substantial

sum of money. And, as we have seen from past experience, a tax like this, while it may not be big at first, it is awfully hard to get rid of, and it is awfully easy to increase.

This legislation also cuts Medicare funding by about \$200 billion. It effectively eliminates the Medicare Advantage program. Now, I know the majority is going to say no, no, no, it doesn't cut Medicare by \$20 billion. We add back some Medicare benefits, so the net is not nearly that much.

But for the people whose programs are going to be cut, they see it as a cut. They don't understand this "net" thing. Medicare Advantage is going to be cut substantially, and Medicare Advantage programs will go away in most rural parts of this country and in a great many inner-city areas serving low-income populations. This bill would effectively eliminate options for millions of seniors who have depended on Medicare Advantage to get better benefits and lower costs for their health care.

In addition, the bill cuts \$7.2 billion in home health care benefits and \$6.5 billion in nursing home care benefits. These are cuts that are real. They are going to be felt by people utilizing those services.

These cuts are not necessary. I want to stress, these cuts are not necessary to cover needy children. The majority has deliberately chosen to reduce Medicare funding for some of our neediest seniors in order to expand SCHIP to cover anyone up to the age of 21, including, I have heard here today, people up to 300 percent of poverty, 400 percent of poverty.

I would tell my colleagues that have said that, they are wrong. This bill doesn't say you can go up to 300 percent or 400 percent of poverty. It says you can go anywhere you want to. You can cover anybody. If a State chooses under this bill, they can not only choose to cover people of unlimited income, \$100,000, \$150,000, \$200,000. They are entitled to the money.

There is also a bonus program in this bill that says if you get a new enrollee, a new child, maybe he comes from having private insurance, maybe he doesn't, but if he is new to this program, you are going to get a bonus, which means you are going to get an even higher Federal share to fund that new enrollee.

The State can waive the income eligibility as high as they want. So we create a new entitlement program that guarantees States they can get as much money as they want to cover anybody they want under their government health care program. That is what this bill is all about. That is why the minority is intent on stopping its passage today and getting a better alternative for reauthorization for low-income children.

This bill is about expanding government health care. Nothing more, nothing less. The minority's motion to recommit will reauthorize the SCHIP

program in its bipartisan form. I urge all of us to wait until that motion comes up, vote for that, and then we will truly have a good program for low-income children in this country.

Mr. Speaker, I reserve the balance of my time.

Mr. STARK. Mr. Speaker, I yield myself such time as I may consume to respond briefly to the distinguished ranking member of the Ways and Means Committee, just to suggest that AHIP, representing America's Health Insurance Plans, wrote to us recognizing "the ambitious effort will require significant resources. We believe that comparative effective research should be carried out as a public-private partnership, with funding from public sources and support from private sources, including health insurance plans, employers and manufacturers." And also to suggest that any recognition of children above the previously stated levels had to be done with waivers from the Bush administration to Governors requesting it.

Mr. Speaker, I reserve the balance of my time.

□ 1630

Mr. MCCRERY. Mr. Speaker, just in brief response to my good friend from California, our understanding of the provisions of this bill and provisions of the law would allow a State to present a State plan amendment to the administration that is not subject to approval. They have to approve it. So it is not up to the administration to approve that. The States can do that at their own will.

Mr. Speaker, I yield 3 minutes to the gentleman from Missouri (Mr. HULSHOF).

Mr. HULSHOF. Mr. Speaker, I thank the gentleman from Louisiana.

Mr. Speaker, there seems to be a lot of self-congratulations, at least on one side of this Chamber. Let me congratulate some who have spoken here for what appears to this Member to be a pretty breath-taking lack of consistency. My good friend from Fremont Hills has pointed the finger to this side and said we Republicans, we don't care about children.

I would remind my chairman, Mr. Speaker, that the children's health program was created by a Republican majority. The gentleman points out that this bill today is funded, as the gentleman is nodding, as that bill was funded. And I would say, Mr. Speaker, 10 years ago and 2 days on July 30, roll-call vote no. 345, on this floor, on the conference report creating the Children's Health Insurance Program, I was proud to be one of 346 "aye" votes. There were 85 "no" votes. The gentleman from California was a "no" vote. The chairman of the Ways and Means Committee was a "no" vote. I find that a bit interesting. Because, today, the gentleman from California talks about this being the identical bill. This is not the identical bill.

As my friend from Louisiana has said, we would love to reauthorize the

program for needy children. But should we allow a family in New York making \$80,000 a year free health care, free to them, but paid for by 15,000 constituents I am privileged to represent who would have their vision care or dental benefits or oxygen services cut, and the savings then given to that couple making \$80,000 in New York City?

One-half of the new enrollees under the majority's bill, those new enrollees would be people who already have health insurance coverage. There is, as the gentleman pointed out, a brand new, per capita tax on every health plan in America that raises \$2 billion. There are rifle-shot reimbursements for hospitals in order, presumably, to sway undecided Members from Michigan and New York and Tennessee.

And can anyone really defend the children's health program for childless adults, childless adults now being able to qualify for the children's health insurance program?

Needy children, absolutely. Well-to-do adults, I suggest no, certainly not at the expense of cuts to senior citizens. We can do better. I urge a "no" vote.

Mr. DINGELL. I yield myself 15 seconds to point out to my dear friend from Louisiana (Mr. MCCRERY) that it is the administration which gives waivers to cover parents and adults. The States do not have the authority to do so, and they must get the authority from the Federal Government, and it is from the Department of HHS that these kinds of waivers come, not elsewhere.

Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Mr. Speaker, I thank the gentleman from Michigan for yielding to me.

Mr. Speaker, 9 million children in this country lack health insurance coverage, so it shouldn't come as a big surprise that 91 percent of voters support extending to SCHIP coverage to 5 million more children. That is 5 million more children according to the Congressional Budget Office, and that Governors from both sides of the aisle are supporting this legislation across the country.

The real surprise is that our President has threatened to veto this bill, a bill to cover children and to improve Medicare for our Nation's seniors and for people with disabilities. My question is, why are the President and so many of our colleagues saying "no" to basic health care to children, for adequate payments to doctors, for protecting Medicare?

In yesterday's New York Times, I think Paul Krugman hit the nail on the head when he said that President Bush must fear the intent of this bill, which is to cover more children, because he fears that it actually might work. That if America sees government helping children, they will wonder why we can't do the same for everyone.

The President said he opposes expanding children's health care because

it will hurt private insurance companies. Astounding. Forget uninsured kids. The President is the champion of insurance companies.

And people across the aisle are saying it is really about seniors when they are talking about the Medicare Advantage programs. But let's be clear. The Medicare Advantage HMOs are reaping overpayments of up to 40 percent. The overpayments are being subsidized by 80 percent of the seniors and disabled people who are not in Medicare Advantage plans through higher part B premiums.

I want to urge the former Speaker of the House to cease giving patently false information about the Illinois SCHIP program which insures far more children than their parents.

Let's be on the side of children.

Mr. MCCRERY. Mr. Speaker, I yield myself such time as I may consume.

Perhaps if we had had a hearing on this bill, we could have discovered what the truth is about this discussion of waivers and State plan amendments.

But our appreciation of the law is that this is not a waiver. I'm not talking about a waiver so it does not have to be approved by the administration. I am talking about a State plan amendment that is simply presented to the administration and it can contain what is known as an income disregard. The attorneys with CMS tell us that the administration does not have the discretion to turn down an income disregard that is presented by a State.

What an income disregard means, in essence, is a State can cover kids from families as rich as they want. And that is our understanding of the law. It is too bad we didn't have, or at least the Energy and Commerce Committee didn't have, a full-blown hearing on this provision or other provisions of the bill so we could have explored that.

Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. WELLER), a member of the committee.

Mr. WELLER of Illinois. Mr. Speaker, in 1997, I voted "yes" to create the Children's Health Insurance Program. I was proud a Republican Congress put this plan into place, and I support reauthorization of this program, but I oppose this bill before us.

Why? This bill contains big tax increases. What is interesting, when we want to make health insurance more affordable, they put a new \$2 billion tax, they call it a per capita tax, on health insurance policies, causing them to be more expensive.

Then there are some big Medicare cuts, in fact, almost \$200 billion in Medicare cuts, probably the biggest cut in Medicare in the history of the program. They want to expand the program, but they want to pay for it on the backs of senior citizens by cutting Medicare. So you wonder who gets hurt when you cut Medicare to pay for the expansion of this program.

If you just take the \$7.6 billion in cuts to home health care, you think of that elderly woman that many of us

have met. We have been in her home. She is an elderly woman with an easy chair by the window, by the television. She has a tray or table there. It is filled with pill bottles. She is homebound. She watches the world go by. And if she is lucky, she has a cat or a dog for a pet and a companion. But, for her, home health care is important, because not only is it contact with the outside world, but home health care allows her to live in her home in dignity even though she is homebound.

This plan today that is going to be voted on includes a \$7.6 billion cut in home health care. So if you vote "yes" for this legislation, I hope you keep in mind that elderly woman stuck at home, homebound, who is dependent on home health care; and today she will suffer when this House passes this bill. Vote "no."

Mr. STARK. Mr. Speaker, I just make a comment that not all committees are so blessed with ranking members who are so cooperative, and perhaps there might have been hearings in other committees if that were the case.

I yield 1 minute to the gentleman from Massachusetts (Mr. NEAL), and Mr. NEAL recognizes that the American Academy of Pediatrics has said in their letter that they want to stand with us on this important legislation, and they will work for its passage.

Mr. NEAL of Massachusetts. Mr. Speaker, I think there is one acknowledgment that we all ought to come to very quickly, and it goes like this: The wealthy, the healthy and the strong have had a great run of it for the last 6 years.

Think of that terror that overcomes that family with that child who needs health care. Think of that child who died because he had not gotten to a dentist in America in the year 2007. Think of what we are doing today, advancing an opportunity for health care for all members of the American family.

My friend, Mr. MCCRERY, said if we had had an opportunity to vet this issue. Let me remind the audience, the Republicans required us to read the bill. The Ways and Means Committee spent 6 hours reading the bill. To argue that somehow there was not an opportunity to vet the issue when we read the bill is akin to setting the fire and calling the fire department. That is the argument we are being asked to embrace.

This is a good piece of legislation. It ought to have bipartisan support. Use the model of the National Governors Association. That is a bipartisan organization.

Mr. MCCRERY. Mr. Speaker, it is apparent to me from the misunderstandings apparent in this Chamber on this bill that perhaps we should have read the whole bill in greater detail. Maybe we would know more about it.

Mr. Speaker, I yield 2 minutes to another member of the Ways and Means Committee, the gentleman from Kentucky (Mr. LEWIS).

Mr. LEWIS of Kentucky. Mr. Speaker, I rise today on behalf of the millions of seniors who will be hurt by this bill. In my home State of Kentucky, over 73,000 seniors are enrolled in Medicare Advantage plans, as well as all 19,000 of Kentucky's retired teachers. Each and every one of these seniors will have their benefits cut as a result of this bill, and some will find themselves without any Medicare Advantage options at all.

It is unconscionable to me that this body would even consider robbing seniors by cutting \$197 billion out of the Medicare trust fund to give to families making \$80,000, or even more, free health insurance, many of whom already have coverage.

This bill also cuts home health, hospitals, skilled nursing facilities and dialysis centers. It is clear that this bill harms many of our Nation's most vulnerable population. This bill should be about providing poor children with health care, but it rations our Nation's health care, taking from seniors and working-class families to shift Americans from private health insurance into a big, liberal, tax-and-spend government program. Folks, they're back.

I urge my colleagues to stand by their seniors and defeat this bill. Let's get back to helping poor children, not a Michael-Moore-endorsed health care system.

Mr. DINGELL. Mr. Speaker, before I yield to the distinguished gentlewoman from Oregon (Ms. HOOLEY), I would like to point out, in spite of what has been said by some of my Republican colleagues, this is not an entitlement bill. It does, however, protect 11 million kids.

Mr. Speaker, I yield 2 minutes to the gentlewoman from Oregon (Ms. HOOLEY).

Ms. HOOLEY. Mr. Speaker, I thank my good friend from Michigan for yielding.

This bill is important to children. It was important to our legislature. It was important to our governor. That is why they passed it this session.

But I want to tell you why health insurance for children is so important by telling you about Katelyn, a 6-year-old from Corvallis. Katelyn's hardworking parents make too much money to qualify for SCHIP under current Oregon eligibility levels but far too little to afford the \$520-a-month premium for insurance through her father's employer.

□ 1645

Katelyn was ill for several days and her parents had been trying all night to help her stop coughing. Without insurance, the couple had no doctor.

However, the county health department offered pediatric services for low-income children every Monday at reduced costs. So Katelyn's parents decided to wait and take her to the clinic on Monday, 3 days later. By Sunday, Katelyn was worse. Through tears, Katelyn complained that her sides hurt.

When she was able to get to the doctor on Monday, Katelyn was diagnosed with pneumonia. With insurance, Katelyn's parents could have taken her right away to the doctor. Instead, she suffered for days.

This story could have had dire consequences. It is why SCHIP is critically important. The CHAMP Act will provide Oregon with the resources they need to expand health insurance coverage to more children, and hopefully, stories like Katelyn will rarely exist.

Mr. STARK. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Illinois (Mr. EMANUEL) who helped create the CHIP bill. I can't say he was a midwife for it, but he was there at its inception and was instrumental in negotiating it.

Mr. EMANUEL. Mr. Speaker, in 2002 when I ran for Congress, I met Dolores Sweeney. She works full time in an insurance company, but for years she and her three children did not have health insurance until SCHIP. Her children are enrolled in the health care program.

She did right by her family. She worked full-time, had three children. She's trying to be both a good worker and a good parent, and SCHIP allowed her to do both of those and do them well.

I just talked to her the other day. She has a 19-year-old now and a 14-year-old and a 12-year-old. This bill did right by her because her children are three success stories out of the 6 million who did right.

So we stare at the 11 million children and ask, whose parents work full-time, that are too wealthy for Medicaid, yet cannot afford private insurance, are we just going to throw up our hands to them? Dolores Sweeney and the other parents, they will get the same health insurance that we ourselves will get and our children get. And the question before us will be, are we better than these 11 million children?

You know, DICK CHENEY gets a check-up every other day. Don't America's kids deserve a visit to the doctor, I ask you.

And also I just want to say something to my colleagues who now say they're for SCHIP. I was there when President Clinton proposed it. Speaker Gingrich was against it. You were against it before you became for it. I appreciate your conversion, but you originally were opposed to it.

When President Clinton said that, you said you opposed it. Then you said only pediatric care. Then you agreed to pediatric care, and then eye and dental visits which is what President Clinton proposed, and I do appreciate that you're for it.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. All Members are reminded that comments must be made through the Chair.

Mr. EMANUEL. Mr. Speaker, Republicans were opposed to this bill before they were for this bill, and what has happened is that pediatric care and the

eye and dental care that is in this bill was a principle that President Clinton had and there would be no agreement on a balanced budget until those kids had that bill.

You said then it was an entitlement program. Now you have Governors, Senators of both parties, who are for this. The American Medical Association is for this. Pediatric care is for this. AARP is for this.

And the ultimate question to those children who don't have health care, this time we leave no child behind and give these children the health care they deserve and the parents work full time and do right by their children.

Mr. MCCRERY. Mr. Speaker, in a continuing dialogue with the distinguished chairman of the Energy and Commerce Committee, at least in the manager's amendment presented to the Ways and Means Committee during markup on page 10, this is under section 101 of our bill, it states: if a State's expenditures, under this title, exceed the total amount with allotments available, and if the average number of children enrolled under the State plan exceeds its target average number of such enrollees, the allotment under this section shall be increased. Not may, shall. That is an entitlement to the States for as much money as they want for this program. It is no wonder, I would say to my good friend from Illinois, that the Governors are for this. Duh.

And with that, I yield 2½ minutes to a distinguished member of the committee, Mr. CANTOR.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. All Members are again reminded their remarks should be addressed through the Chair.

Mr. CANTOR. Mr. Speaker, I thank the gentleman. I rise in opposition to this bill.

And, Mr. Speaker, I want to speak to some of the remarks that were just made about somehow the Republicans are against insuring poor children and offering them access to health care.

I can tell you one thing, this Republican was not in this body when President Clinton was in office. So I could never have been against this program before I'm for it. So I take issue with that.

I am for, as I believe most of my colleagues are for, a program that provides access to health care for poor children, but what we have here is a 400 percent increase in the SCHIP price tag because what the majority has done has increased eligibility to the 400 percent level over poverty. In many areas of this country, we're well in excess of families who are making \$100,000 a year. These are children, 90 percent of whom already have health care coverage.

So what that means is the price that we pay for this type of expansion is a dangerous lurch forward toward a Washington-based, bureaucratic-controlled health care system. Which

medicines will we get? Which surgeries will be available? And when? And when? Which disease is worth treating? These are the vital choices that right now American families are able to make, but frankly, the majority wants the government to make.

But how do they pay for this? They pay for this largely by cutting Medicare. That's what we're about here, choosing to cut Medicare, cut seniors' ability to have a choice under the Medicare program so we can provide access to insurance for children whose parents make over \$100,000 a year. That just doesn't make any sense.

Now, secondly, Mr. Speaker, I would say as my colleagues before me, another way that this bill is funded is a brand-new tax on health insurance for all Americans that have health insurance policies.

Again, the bill creates a health care competitiveness-affected research trust fund. That's another attempt basically to allow perhaps, if not run right, a government bureaucrat to dictate which therapies a physician can use.

The bottom line, this bill is misguided. We need to take a much better look at this, and frankly, the last point I was going to make, Mr. Speaker, is this bill makes it up to the States, optional, whether to require documentation as to anyone who is legal who wants to receive benefits under this. This is another attempt, Mr. Speaker, at allowing our SCHIP benefits to go to illegal immigrants, something that I don't believe the American public is in favor of.

Mr. DINGELL. Mr. Speaker, I yield to an extremely valuable and respected member of the Commerce Committee, my good friend from Utah (Mr. MATHESON) 2 minutes.

Mr. MATHESON. Thank you, Mr. Chairman.

My wife and I are very fortunate. We have two wonderful little boys. Their names are William and Harris, and they're really fortunate because they have access to health care because, as a Congressman, I have access to the Federal employee health insurance program. And that's how it is for all of us as Members of Congress. See, we have health insurance and our kids have health insurance.

This debate isn't about us, and as we get caught up in these discussions, this rhetoric about process and concerns about the way this bill has come to the floor, I think we're losing sight about who this issue is really about because we've got 11 million kids in this country who are involved in households where they make enough money they don't qualify for Medicare. How do we get them access to health care?

The CHIP program's done a great job in the past 10 years, and we've got about 6 million of them covered, but there are 5 million kids out there who still aren't.

That's what this debate is about, and I think when you have something sometimes you take it for granted, and

all of us take for granted the fact that we have health insurance.

Now, let me tell you why I don't take this for granted because, in my household, my wife happens to be a pediatrician, and she works at a children's hospital in Salt Lake City. She tells me the stories about kids who come into that hospital who have not had access to preventive care, who have health problems that escalated into far more serious circumstances because they didn't have access to health care, and I hear those stories all the time.

That's what we ought to be focused on in this debate. That's what this debate is about. Vote for this bill. Let's do the right thing for our country's children.

Mr. MCCRERY. Mr. Speaker, may I inquire as to the remaining time.

The SPEAKER pro tempore. The gentleman from Louisiana has 30 minutes remaining.

Mr. MCCRERY. And what about the majority?

The SPEAKER pro tempore. The gentleman from California has 25½ minutes remaining. The gentleman from Michigan has 21½ minutes remaining.

Mr. MCCRERY. I think, Mr. Speaker, in order to kind of even out the remaining time, I will yield to my colleagues in the majority if that's okay.

Mr. STARK. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Oregon (Mr. BLUMENAUER), and he's a gentleman who understands that most of us in Congress whose children are insured are insured by a government-run, taxpayer-funded health insurance plan which we like quite well.

Mr. BLUMENAUER. Mr. Speaker, actually, I'm not. I rely on my wife.

Mr. Speaker, the same framework that our friends have been complaining about on the other side of the aisle is a State block grant program has been retained. It's successful, but underfunded.

Their complaints of enhanced programs ring hollow when you examine them. I heard my friend the distinguished minority whip come to the floor and talking about his opposition to higher income levels, and I find some irony in that because his State is one of them, Missouri where there was a request by his son, the Republican Governor, for a waiver from the Republican Bush administration which has been granted that allows a level 3 times higher than the poverty level.

They don't feel comfortable with the requests that are coming from the State level for the innovation. However, that's what it was about in the first place.

This program is not about putting Medicare Advantage at risk. It's being adjusted. This bill helps with reform. I am pleased that 157 counties in 27 States are being rewarded with an efficiency bonus. My State's medical system is strengthened by helping kids.

I urge all to vote for this bill.

Mr. MCCRERY. Mr. Speaker, I reserve the balance of my time.

Mr. STARK. Mr. Speaker, I'm pleased to yield 1 minute to the gentleman from Wisconsin (Mr. KIND) who understands that the National Rural Health Association has endorsed the 2007 CHAMP Act as critical to rural children and seniors across the Nation.

Mr. KIND. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, last fall, my 8-year-old son Matt, while he was sleeping, fell off the top of his bunkbed, broke his clavicle. As Tawni and I were driving to the emergency room to get treatment to this kid in excruciating pain, I thought of the numerous parents throughout America who fear the financial consequences of taking care of their child in an emergency or if they had an ear infection or an abscessed tooth or an asthma attack because they didn't have adequate health care coverage for that child. That is wrong. That is unacceptable. And we change that today.

The CHAMP Act expands health coverage to 5 million more children, and with the reforms we make under the Medicare system, we extend the solvency of Medicare for three additional years, unlike the Republican-passed Medicare reform bill passed just a few years ago that called for the largest expansion of entitlement funding in over 40 years, with no ability to pay for it.

We pay for this bill with a modest increase in the cigarette tax, which is also the best thing we can do to prevent these kids from being addicted to that poison and incurring smoking-related illness with associated life-long health costs.

I ask my colleagues to support the bill.

□ 1700

Mr. PALLONE. Mr. Speaker, I ask unanimous consent to control the time of the gentleman from Michigan.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. RUSH).

Mr. RUSH. Mr. Speaker, I rise in support of the CHAMP Act of 2007.

I am disappointed that my Republican colleagues won't stand up to the HMOs and won't stand up for healthy children. In the words of Dr. Martin Luther King, "Justice delayed is justice denied." The Republicans just don't get it. Delay is not debate. Health care delayed is health care denied.

There is no power like the power of a made-up mind; and, early on, the Republicans in the Commerce Committee markup made up their mind to forestall health care for our children. Then, last night and this morning, on this very floor, they made up their mind to stall health care for 12 million uninsured children.

Now it remains up to us, the Democrats in this House, to make up our minds and to install health care for

children, for those 11 million children and low-income pregnant women. Now is the time. There is no other time like this time, so now, most definitely, now is the right time.

I urge my colleagues to support this bill for America's babies. We must champion health care coverage for 11 million children. They need us. They depend on us. They need this health care coverage.

We must pass the CHAMP Act of 2007. We must put our poor children in the winner's circle.

Mr. STARK. Mr. Speaker, I yield 3 minutes to the distinguished majority whip, Mr. CLYBURN.

Mr. CLYBURN. I thank the gentleman for yielding me the time.

Mr. Speaker, I rise today to urge my colleagues to support H.R. 3162, the Children's Health and Medicare Protection Act of 2007.

I want to commend Chairs RANGEL, DINGELL, STARK and PALLONE for working with all of our caucuses in drafting this piece of legislation. I also rise to explain why I and many of my colleagues are unequivocal on the need for Congress to cover all eligible kids.

There is an old judicial axiom that says "Justice delayed is justice denied." The same is true for health care, and there is no better example on how health care delay is health care denied than the story of Devante Johnson from Houston, Texas. Thirteen-year-old Devante Johnson from Houston, Texas, had advanced kidney cancer and could not afford to be without health care coverage. But, last year, the Johnson family spent 4 desperate months uninsured while his mother tried to renew his Medicare coverage.

For years, Devante and his two brothers were covered by Medicaid. Texas families who qualify for Medicaid or CHIP are required to renew their coverage every 6 months. Devante's mother, Tamika, had tried to get a head start by sending their paperwork 2 months before Medicaid was set to expire.

That application sat for 6 weeks until it was processed and then transferred to CHIP, because an employee believed the family no longer qualified for Medicaid. At that point, the paperwork got lost in the system.

For 4 months, Devante went without health insurance as employees unsuccessfully attempted to reinstate his coverage. As a result, he could no longer receive regular treatment and had to rely on clinical trials for care. Meanwhile, his tumors grew.

It wasn't until the State representative intervened that Devante's coverage was immediately reinstated. But it was too late. Devante Johnson died on March 1, 2007.

I want you to look at him. He has to mean something to you. For, in the words of Martin Luther King, Jr., "There is nothing more dangerous than sincere ignorance and conscious stupidity."

We cannot allow this to continue. Support the Devantes of our great

country and give health care to all of our children.

Mr. MCCRERY. Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. LINDER), a member of the committee.

Mr. LINDER. Thank you for yielding.

Mr. Speaker, about 2 years ago, the Government Accountability Office brought before the Ways and Means Committee a study that said if we continue to tax at the current percentage of the economy and continue to spend in discretionary spending at the current percentage of the economy that just 33 years from today the entire Federal revenue stream will be insufficient to just pay the interest on the debt.

I know the Democrats will say raise taxes. In 100 percent of the time in the last 60 times that we have raised taxes, we have slowed the economy and slowed revenues.

This Congress will not reduce spending. So what is their solution to our dilemma? The problems are, as the GAO said, three entitlement programs, Medicare, Social Security and Medicaid. They propose to give us another one, with no caps, expanding coverage to illegal immigrants, by the language from the CBO, expanding coverage to adults with no children, by the definition of their act, and allowing the States to lift the ceiling on eligibility entirely.

This is a back-door or front-door entrance for Hillary care, national health care. You will recall that in that program if a doctor treated a patient for free outside the system, they are liable for criminal fines. That isn't in this bill, yet.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Maryland (Mr. WYNN).

Mr. WYNN. I thank the gentleman from New Jersey for yielding, also for his outstanding leadership on this issue.

Mr. Speaker, I rise in support of this bill. I operate from a very simple premise, and that is this, that if America is the greatest country in the world, then all of our children should have health insurance.

It's that simple. This bill does that. It covers 5 million additional children of the working poor; and it gives them health care, dental care and access to mental care health services. That's what's needed in this country.

It's amazing to listen to the scare tactics of Republicans. It's almost amusing.

First, they start talking about illegal aliens. No, that's not what this bill is about. They said, well you are going to kill our private insurance. These are working poor people. They don't have insurance.

They said, well, it's \$100,000 families. No, it's the existing eligibility limit. Then they say, well, you are going to create a massive new entitlement program. No, it's a grant program with bonuses for States that do a good job of insuring more people.

Finally, they resort to Hillary care. We are all supposed to be scared.

We are taking this issue very seriously, because we understand that there are working poor people in America that work every day. Half of them are women. They work in the service industries, they work in labor jobs, and those jobs do not offer health insurance. That's why we are here.

We are here because when they don't have health insurance. Their children don't get screenings. Their children don't get check-ups. They can't get treated for asthma. When their children are in severe pain, they go to the emergency room, and that costs more money.

I will give you example from my district. Deamonte Driver, he had a toothache, tooth decay. It would have cost \$80. He didn't get it. The tooth became infected. The infection traveled to his brain.

Two surgeries costing \$250,000 were attempted to save his life. They were unsuccessful. Deamonte Driver died. We need to prevent these types of tragedies in America.

I am appalled when I think about it, that if a third-world Communist country like Cuba can offer health insurance to the families of factory workers, we have to be able to do it here in America, the greatest country in the world.

Mr. MCCRERY. Mr. Speaker, before I recognize our next speaker, I want to point out two things. Number one, there has been a couple of references to this child who died because of a tooth problem. According to the Washington Post story, I don't know this, but according to the Washington Post story, this child was actually on Medicaid. He was covered by Medicaid. But because so few dentists in that State accepted Medicaid patients because of the poor quality of the Medicaid program, this child didn't get access. But he was covered.

I don't see how it's relevant to the discussion we are having on SCHIP.

Mr. Speaker, I yield 3 minutes to a distinguished member of the Ways and Means committee and the ranking member of the Budget Committee, Mr. RYAN.

Mr. RYAN of Wisconsin. I thank the gentleman for yielding.

Mr. Speaker, this debate is really puzzling. If this was a status quo bill, if this was the same law that we already have in place, no new people, then why does it cost \$130 billion in more money? Why does it cost so much more?

This bill goes way beyond insuring low-income children. If this was all about just giving health insurance to uninsured low-income children, no problem. You would have a near unanimous vote out of here. That's not what this bill does.

They say this bill doesn't have those income limits. This bill has no income limits. This bill says to the States, give it to whomever you want, no asset test, no income limits. That's why this test costs so much money.

In fact, the Congressional Budget Office is saying in analyzing this bill that they will push 2.4 million kids off of private insurance onto government health care, not my statistics, the Congressional Budget Office.

They are already acknowledging that this is more about insuring low-income, uninsured kids. This is really about putting people on government health care, especially those who even have health insurance today.

My friends, our constituents, the U.S. taxpayer, don't want to pay for health care that's already being paid for by someone else. But that is what this bill does. This bill creates an enormous budget mess.

I find it kind of ironic that the majority that could not find \$1 worth of entitlement savings in their budget comes to this floor with \$200 billion of cuts to Medicare to pay for expanding this new program. When it came time to reducing the deficit and keeping taxes low, no savings to be found. Now, hey, \$200 billion in Medicare cuts, cut 3 million seniors off the Medicare Advantage program to grow a new entitlement.

Yes, this is a new entitlement program, a new entitlement for States. It gives them a never-ending spigot of new money. But what's so, so critical, what's so hypocritical about this bill is, after cranking up spending for 5 years, after putting 5 million children on health care, kicking 2.4 million off of private health insurance, what do they do to conform with their PAYGO rules? What do they do to shoehorn this huge program into their budget? They just kick everybody off. They just rescind the program. They just turn the spigot money off.

Does anybody believe that after putting 5 million people on health insurance we are just going to take it away from them in 2014? No, we're not.

So this whole thing really is a bug sham. What they are saying is, with this legislation, we want to give 5 million people health insurance for kids, no matter what income limit. But, in 2014, we are taking it away from them. That's crazy. That's not budgeting. That's creating a new program, a new entitlement, and not paying for it.

This puts our fiscal house, which is already messed up, in serious jeopardy. I urge a "no" vote on this bill.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Washington (Mr. INSLEE).

(Mr. INSLEE asked and was given permission to revise and extend his remarks.)

Mr. INSLEE. Mr. Speaker, one of the great falsehoods I have heard today, unfortunately, is this attempt by one side of the aisle who is against trying to get kids health insurance here keep saying somehow we are raising the eligibility to those folks who are hanging out at the country club. That is simply not true. That is bogus. We are maintaining the same levels of eligibility in America that exist today, yesterday and tomorrow in this bill.

What we are doing is simply allowing our State governments, our local governments, the ones that I know many of my Republican friends believe are effective and more efficient than the Federal Government, to fulfill their desire to reach these kids who are eligible today, but the Federal Government is not actually reaching to provide this insurance.

Now, where is the criminality in that in that? Where is the inefficiency in that? We have simply said federally that children of a certain income level should have health insurance, and we are simply saying those same children of the same exact economic considerations are now going to actually get it. That's all we are doing.

I want to mention another thing we are doing here. We have 11 States that have really been ahead of the Federal Government in providing health insurance for their kids. As a result, for a decade now, they have been punished in that they haven't been able to use the same resources to reach the kid they have already insured.

We fix that, 100 percent fix today. The States, if you are from the States of Washington, Wisconsin, New Mexico, Connecticut, Hawaii, Rhode Island, Minnesota, Maryland, New Hampshire, Vermont and Tennessee, do not vote against this bill, because it finally, finally restores this inequity that finally we will be able to get fair treatment for your States and your children.

So, today, we have got a fair bill all the way around.

Mr. MCCRERY. Mr. Speaker, I ask unanimous consent to have the gentleman from Michigan (Mr. CAMP), the distinguished ranking member of the Health Subcommittee of the Ways and Means Committee, control the remainder of the time for the minority.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Louisiana?

There was no objection.

□ 1715

Mr. CAMP of Michigan. Mr. Speaker, I yield 2½ minutes to the distinguished gentleman from Pennsylvania, a member of the Ways and Means Committee.

Mr. ENGLISH of Pennsylvania. Mr. Speaker, today I rise in reluctant opposition to H.R. 3162.

Yesterday, I joined my colleague, the gentlelady from New Mexico (Mrs. WILSON) in the introduction of a bill which embodied the Senate version of SCHIP reauthorization. I am proud to be an original cosponsor; I fully support that legislation.

Unlike the bill we are debating today, the Senate version is far less pernicious and does not raid low-income seniors to pay for an expansion of coverage for middle-class families.

Proposed Medicare cuts in this legislation could have a devastating impact on access to Medicare Advantage plans. The seniors that use these plans, if they didn't experience an outright loss of coverage, would, at minimum, expe-

rience higher premiums, benefit cuts, or both.

According to an April 2007 study by Emory University researchers Ken Thorpe and Adam Atherly, 3 million people would lose their access to MA coverage if Congress sets MA payments at the same level as payments for traditional Medicare.

Moving from the macro numbers to the practical effects of seniors in my district, it causes even more concern. Over 15,000 seniors in Butler County, Pennsylvania would experience a 15 percent cut in their plan's reimbursement. Nearly 15,000 seniors in Erie County would experience a 29 percent cut, and over 8,000 seniors in Mercer County would be impacted by a 17 percent cut in their plan's reimbursement should this bill be passed.

This blatant raid on seniors' pocketbooks contained in this bill is enough to warrant a vote in opposition. But, Mr. Speaker, the most troubling factor in this bill is that this raid on seniors is being used to pay, in many cases, for families with incomes as high as over \$82,000 a year. At a time when so many seniors are tightening their belts on fixed incomes, raiding their pocketbooks to pay for health care for middle-class households is simply not right.

I have been a supporter of SCHIP from the beginning. I have trumpeted its success. But this SCHIP reauthorization has been hijacked by people who have a different agenda. We will have another vote on this when it comes back from the other Chamber and from conference. I am voting "no" on this wrongheaded approach on a very important issue.

Mr. STARK. Mr. Speaker, at this time I am happy to recognize the gentleman from New Jersey (Mr. PASCRELL) for 1½ minutes, and, pending that, point out that he recognizes that the hospitals and physicians in Pennsylvania overwhelmingly endorse this bill.

Mr. PASCRELL. Mr. Speaker, we could certainly slow the aging process down if it had to work its way through Congress.

This year, 6 million children will have access to quality affordable health insurance because of the program we know as the SCHIP. These children are in working families with parents who either can't afford insurance or hold jobs that lack health care benefits. We have an opportunity today.

In New Jersey, we have over 100,000 of eligible kids who aren't enrolled in New Jersey alone. Are we going to do the same thing on health care that we did to those kids in Head Start? So many eligible, not enough resources, wrongheaded priorities?

Contrary to what my friends on the other side said, the Ways and Means Committee has also worked to protect the integrity and solvency of Medicare and to approve the benefits for all beneficiaries within this bill.

The fully paid for CHAMP Act protects Medicare from privatization, promotes fiscal responsibility, you have got to read the bill, by reducing overpayments to private plans. I see nothing wrong with that. Adding 3 years to the Medicare trust fund solvency, I think that is a home run. Limiting premium increases, two home runs, and improving access and benefits for all Medicare participants.

Mr. Speaker, this bill needs everyone's support in here. It should be and will be bipartisan.

Mr. CAMP of Michigan. Mr. Speaker, may I ask how much time remains?

The SPEAKER pro tempore. The gentleman from Michigan has 22½ minutes remaining; the gentleman from California has 19 minutes remaining; the gentleman from New Jersey has 15½ minutes remaining.

Mr. CAMP of Michigan. Mr. Speaker, I reserve the balance of my time.

Mr. STARK. Mr. Speaker, at this time, I am happy to yield 1 minute to the distinguished lady from Nevada (Ms. BERKLEY).

Ms. BERKLEY. I thank the gentleman for yielding.

I rise in support of the CHAMP Act, and I want to tell you why. This bill will ensure continued coverage for the 39,000 kids already covered by SCHIP in my State of Nevada, while providing resources to reach the 70,000 children currently eligible but that remain uninsured because there is not enough money.

This bill also makes needed updates and improvements to Medicare to ensure that our seniors receive preventative services, mental health care, and physical speech and occupational therapies that they need. Almost 98,000 low-income seniors in Nevada will benefit from improvements in Medicare savings programs and low-income subsidy programs as well.

Passing this bill is also necessary to ensure access to physicians for Medicare patients. The CHAMP Act restores funding necessary to reimburse the doctors for their services.

My district has the fastest growing senior population in the United States. It is essential that these seniors have access to their doctors under the Medicare program. This bill ensures they will.

Mr. CAMP of Michigan. Mr. Speaker, I reserve the balance of my time.

Mr. STARK. Mr. Speaker, I am delighted to yield 1 minute to the distinguished lady from Pennsylvania (Ms. SCHWARTZ), who understands that the National Committee to Preserve Social Security and Medicare has overwhelmingly endorsed the 2007 CHAMP Act.

Ms. SCHWARTZ. Mr. Speaker, I rise proudly in strong support of the Children's Health and Medicare Protection Act.

As someone who helped to create one of the first CHIP programs in the country in Pennsylvania in 1992, I know what a difference it has made in the lives of literally hundreds of thousands

of children in Pennsylvania. And since 1997, it has made a difference in the lives of 6 million children across this country.

Today, we build on the success of CHIP. It is a public-private, Federal-State partnership and secures access to coverage for 11 million children of hardworking American families.

At a time of rising health care costs for working families and increasing numbers of uninsured children, today we have an answer for American families. The action we take today will sustain health coverage for 6 million children currently enrolled, and will make available affordable coverage for an additional 5 million American children.

This is an extraordinary step forward in ensuring access to health coverage for American children. It is simply not good enough to say you support improving access to health coverage for children and then vote "no." Rather, vote with children of this country and their parents. I urge passage of this legislation.

Mr. STARK. Mr. Speaker, I am delighted at this time to recognize the distinguished gentleman from Connecticut (Mr. LARSON) for 1 minute, who understands well how private health insurance companies have overprofited from their overpayment.

Mr. LARSON of Connecticut. Mr. Speaker, I want to applaud Mr. STARK, Mr. RANGEL, Mr. DINGELL, and Mr. PALLONE for their outstanding leadership in bringing this bill before us today.

I turn to my colleagues on the other side of the aisle and say to them, do not remain frozen in the ice of your own indifference towards the needs of children in this country.

It is imperative that we pass this bill. It is imperative not because of the statistics and the numbers, but because these are our children and our kids. That you find the time and the money to blindly put forward into reconstruction efforts in Iraq, but not the time, not the effort to make sure that kids in our own country receive the necessary funding that they need.

It is written that the difference between CHAMP and CHUMP is "U." Do not become the vote that turns away the children in this country.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. All Members are reminded to address their remarks through the Chair.

Mr. CAMP of Michigan. Mr. Speaker, at this time I yield 2 minutes to a distinguished member of the Ways and Means Committee, Mr. TIBERI.

Mr. TIBERI. Mr. Speaker, I rise in reluctant opposition to this bill today.

I support the Children's Health Insurance Program. The original goal was worthy, Mr. Speaker: Cover poor children. Unfortunately this bill does much more than that. It expands the program to more adults and to children of middle-class parents who may already have insurance, and funds this expansion through relying on tobacco taxes

that are going to bring in less revenues through the years, including tax increases on private health care plans, cuts to community hospitals, nursing homes, home health care providers, and, yes, cuts to Medicare beneficiaries.

Democrats are cutting Medicare, specifically the Medicare Advantage program. Seniors in my district have been writing and calling me, and I have been talking to them.

One said to me, "The quality of our health coverage is greatly improved through Medicare Advantage." Another said, "I cannot afford higher out-of-pocket costs. I get preventative care. I also get some dental coverage and eye care that I would not be entitled to under original Medicare." And, lastly, "Please, in the name of decency, do not vote to change my health care."

Mr. Speaker, over 13,000 of my constituents benefit from Medicare Advantage. I will not vote to cut their benefits today. I will not, Mr. Speaker, support this bill which pits grandparents versus their grandkids.

Mr. DINGELL. Mr. Speaker, at this time I yield to the distinguished gentlewoman from Wisconsin (Ms. BALDWIN) 2 minutes.

Ms. BALDWIN. Mr. Speaker, I rise in strong support of the CHAMP Act, and our chairmen who have worked so hard to craft this bill deserve great credit. It is a very strong measure.

There are many reasons to support this bill, but chief among them is the fact that this bill will provide health care coverage for an additional 5 million low income children, bringing the total to 11 million insured infants and children covered under SCHIP. This represents real progress at reducing America's 46.6 million uninsured people, and I am proud to support this progress.

Mr. Speaker, I am also proud to note that the CHAMP Act does not pit children against seniors, as has been suggested by many of the Republicans, but instead works to improve health care for both children and seniors.

The bill includes many investments in Medicare that will directly benefit the health of our seniors. The bill includes a physician fix so that our doctors will not be subjected to the harsh 10 percent scheduled cut in reimbursement, and, providing this fix will ensure that beneficiaries have continued access to their physicians.

In addition, this bill provides many more protections to Medicare beneficiaries by expanding and improving the programs which ensure that Medicare remains affordable to those with lower income. The CHAMP Act also expands access to preventative benefits and mental health benefits for all Medicare seniors.

But back to my first point. If this Congress stands for anything, it should stand for children, for providing them with comprehensive health care, for giving them the support and care they need for a healthy life.

I am reminded of the first day of this session when Speaker PELOSI invited all the children to join her at the podium. This Congress should be judged based on how we protect our Nation's children. That is this vote.

□ 1730

Mr. STARK. Mr. Speaker, I'm happy to yield 1 minute to the distinguished lady from Ohio (Ms. TUBBS JONES). And, pending that, I suggest that she understands that the American Nurses Association has expressed their undying support for the Children's Health and Medicare Protection Act.

Mrs. JONES of Ohio. Mr. Speaker, I rise today in support of H.R. 3162, the Children's Health and Medicare Protection Act. And for the RECORD, I want to compliment the Chair, Mr. RANGEL; the ranking member, Mr. STARK; and the staff of the Ways and Means Committee for all of their hard work, because I was one of those at the table battling on behalf of a whole lot of people.

This piece of legislation will be critically important to children. But while expanding access to health care for children is my key focus, I remain watchful of the provisions that could have adversely affected persons with end-stage renal disease. I'm pleased that there are provisions in the bill that will help measure and, hopefully, reduce racial and ethnic disparities in kidney care, bolster the health and health care of our low-income seniors and protect our Nation's hardworking health providers.

As I have said many times before, the CHAMP Act is an example of a socially responsible and medically appropriate health policy that will improve the health and well-being of our Nation's most vulnerable residents.

I call upon all of my colleagues to join us in supporting this legislation.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair must observe that if Members yielding time in debate also include extensive comments, the Chair may have to charge the time consumed by such remarks against that Member's time for debate.

Mr. DINGELL. Mr. Speaker, at this time, I yield 2 minutes to my distinguished colleague from North Carolina, Mr. BUTTERFIELD.

Mr. BUTTERFIELD. Mr. Speaker, I rise today to thank Chairmen DINGELL, RANGEL, PALLONE and STARK for their bold leadership in bringing this legislation to the House floor. As Congressman for the 15th poorest district in the Nation, a district where 50 percent of the children qualify for SCHIP, I enthusiastically support passage.

The CHAMP Act of 2007 reflects what should be our Nation's priorities. It is the duty of Congress to keep the promise of our Constitution, to provide for the general welfare of our people. What better way, Mr. Speaker, to keep that promise than to guarantee that our children are afforded adequate health insurance.

The sad fact is that a majority of uninsured children are minority, including 1.4 million black children and 3.4 million Hispanic children. In my State of North Carolina, 195,000 children are eligible but not enrolled in the program. We have a moral obligation to ensure all children who are unable to afford insurance have that insurance. To do less would be shameful.

Let me close, Mr. Speaker, by thanking the gentleman for giving me this time and also expressing disappointment with my Republican friends who have engaged in nothing but obstructionism and filibuster as we have struggled to bring this legislation to the floor.

You insisted on reading a 495-page bill, consuming 18 hours of our committee time. You have made your adjournment motions this week, and you have wrongfully suggested that we want to insure illegal aliens. That's wrong. And then you accuse us of taking Medicare benefits from our seniors; and then you use that worn out phrase, "tax increase".

The American people have figured it out. You are doing every conceivable thing to prevent giving insurance coverage to 5 million children of the working poor.

My friends, you are wrong.

Mr. STARK. Mr. Speaker, as quickly as I can, I would like to recognize the distinguished gentleman from Alabama (Mr. DAVIS) for 1½ minutes.

Mr. DAVIS of Alabama. I've listened to a lot of allegations, Mr. Speaker, that the Democratic Party, the party that crafted Medicare and Social Security and Medicaid, is somehow cutting health care benefits. I don't want this debate to end without putting a few simple facts in perspective.

There is one party in this Chamber that said to 13 million working class families on Medicaid for the first time, you have to make a co-pay for your kids to go to the doctor.

There is one party in this Chamber that, 4 years ago, in the Medicare Modernization Act, tucked in the fine print of the bill a requirement of guaranteed Medicare cuts in the next several years.

There is one party in this Chamber that passed the prescription drug bill that contained a massive doughnut hole for seniors which allowed them to lose their coverage for a period of time.

There's one party in this Chamber that has sent five budgets, just in my tenure, to the floor of the Congress cutting Medicaid benefits.

There is one party in this Chamber that has proposed to cut, that has passed a guaranteed 10 percent cut for reimbursements for doctors, set to go into effect beginning on January 1.

It is the Republican party.

Let there be no debate, Mr. Speaker. There is one party that has its bona fides on the question of health care. It is the party that is moving today a bill that will provide universal coverage for all children who need it.

It is shameful for this debate to have been twisted and distorted in the manner that it has.

Mr. CAMP of Michigan. Mr. Speaker, how much time is remaining?

The SPEAKER pro tempore. The gentleman from Michigan (Mr. CAMP) has 21 minutes. The gentleman from California has 13½ minutes. The gentleman from Michigan (Mr. DINGELL) has 11½ minutes.

Mr. CAMP of Michigan. At this time, Mr. Speaker, I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentleman from California (Mr. HERGER).

Mr. HERGER. Mr. Speaker, I rise in strong opposition to the CHAMP Act. The message of this bill is, Washington knows best.

I recently received a letter from one of my over 4,500 seniors in my district who could lose their Medicare Advantage benefits under this bill. Kathleen Lopez of Marysville, California, writes, "I chose a Medicare Advantage plan because I receive Social Security benefits less than \$700 net per month. This plan encourages preventive care, has some vision and dental coverage. This type of plan eliminates costly monthly expenses for health coverage."

In addition to slashing Medicare Advantage, this bill contains massive expansion of SCHIP that takes kids from middle-class and even upper-class families off private insurance and puts them into a government-paid program.

All of us support reauthorization of SCHIP. Everyone supports health care for low-income children. But what we are debating here today is whether to turn this successful anti-poverty program into an open-ended entitlement with effectively no limits on eligibility.

Mr. Speaker, we have a choice. We can move towards a 21st century patient-centered health care system driven by competition and innovation, or we can go backwards towards a system of socialized medicine like the one that the Canadian doctors come here to escape.

Mr. Speaker, this bill goes in the wrong direction. I urge my colleagues to reject it.

Mr. STARK. Mr. Speaker, at this time, I'm delighted to yield 1½ minutes to the gentlelady from Connecticut (Ms. DELAURO).

Ms. DELAURO. Mr. Speaker, we all pay the price when 46 million Americans, 9 million of them children, have no health insurance. We all have a responsibility, a moral responsibility to make sure that our most vulnerable get the health care coverage they need.

The State Children's Health Insurance Program is perhaps the best social policy success story of the last decade. At a time when most Americans want to see this program reach more of the 6 million children who are eligible but still uninsured, the administration's proposal would result in hundreds of thousands of children losing their coverage. That is the wrong direction and the wrong choice for our country.

The Children's Health and Medicare Protection Act will take us in the right direction, reaching children most in need, while improving Medicare for 44 million seniors and people with disabilities.

This is about embracing our Nation's most serious challenge, a challenge the Federal government has the ability, the capacity, the resources and the moral obligation to help us meet.

We all have a stake in solving this crisis. No one, not even the President, should be able to undermine the great promise of a healthy future for our kids.

Mr. DINGELL. Mr. Speaker, I'm delighted to yield 1 minute to my good friend and colleague from Iowa (Mr. LOEBSACK).

Mr. LOEBSACK. Mr. Speaker, I rise in strong support of the Children's Health and Medicare Protection Act. This bill provides health care to those who most need it, our children. That's what this bill is about.

The CHAMP Act means that the coverage of almost 50,000 children enrolled in Iowa's CHIP Program, called the Hawkeye program, will be secured. This bill also provides essential funding for the State to reach the almost 30,000 children who are eligible for the program but remain uninsured.

In addition, the CHAMP Act would provide the State of Iowa with a new option to cover an additional 47,000 children who are aging out of Medicare and CHIP.

No child should go without health care. No child should go without regular checkups, preventive care and treatment of illnesses. The CHAMP Act serves as a crucial health care safety net for low-income, uninsured children. That's what it's all about. And I urge my colleagues to support its passage.

Mr. CAMP of Michigan. Mr. Speaker, at this time, I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentleman from Texas (Mr. BRADY).

Mr. BRADY of Texas. Mr. Speaker, for the RECORD, there is only one party that fought hard to make sure our seniors had life-saving drugs, even though our colleagues across the aisle had 8 years of the White House and control of the Senate and never brought a bill to the floor to help our seniors with their medicines.

And I'd point out that while many lobbyists in Washington support this bill, I've not heard from one hospital, not one nurse, not one physician, not one senior who supports this bill.

380,000, that's how many Texas elderly will likely lose their personal Medicare plan as a result of this bill. 107,000, that's how many seniors in the Houston-Beaumont-Huntsville region will see serious cuts in their Medicare Advantage plan, or be forced into other plans with less health care coverage as a result of \$50 billion of unnecessary and drastic Medicare cuts.

This is kid care versus Medicare. And only in the poisonous environment of

Washington do politicians pit children against their grandparents. It is a cynical and a false choice that will leave many seniors stranded without the health care plan that fits their needs.

I, like others, support covering more children for health insurance, but not at the expense of elderly.

I sit on the committee charged with preserving Medicare, keeping seniors healthy; and these Medicare Advantage plans are the preferred plan for many of our Texas elderly. They're especially critical to our rural and low-income and minority seniors because they provide a comprehensive plan with medicines and emphasis on prevention.

I also believe that before Congress expands CHIP to higher-income families, it should first help the children of low-income families which the program was designed to serve. Maybe we should subsidize the coverage for the bank president's kids, but shouldn't we first help the health care for the bank teller's kids?

Texas, like many States, barely covers half of the children already eligible for this; and, as a Congress, our goal should be to cover the children of working poor first.

Mr. STARK. Mr. Speaker, at this time, I'm privileged to yield 1 minute to the Delegate from the Virgin Islands (Mrs. CHRISTENSEN).

Mrs. CHRISTENSEN. I'm proud to be here, Mr. Speaker, to stand in strong support of the Children's Health and Medicare Protection Act of 2007.

We also have additional champs in Chairmen DINGELL, RANGEL, STARK and PALLONE, as well as the Speaker and the Democratic leadership.

Today, we're fulfilling a commitment we made on the first day of this Congress to take care of America's children. By passing H.R. 3162, we will take the first step to insuring the 6 million low-income, now uninsured children in this country, including many who are racial and ethnic minorities; and we'll be investing in a healthier future for them and our country by ensuring they get comprehensive care.

□ 1745

In CHAMP we also fulfill a commitment to our seniors and persons with disabilities, especially those of low income, to remove some of the remaining barriers to Medicare. This bill helps children and seniors.

And we are beginning to help bring provider payments in line with the rising cost of providing medical care as well as to start the reform this country needs. This legislation is not only good for our children, our seniors, and our disabled, it is good for our country.

If we only extended CHIP, as our Republican colleagues suggested, it would cause 800,000 children to lose coverage. We can't do that.

Support this bill. Reject the motion to recommit.

Mr. CAMP of Michigan. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Indiana (Mr. PENCE).

(Mr. PENCE asked and was given permission to revise and extend his remarks.)

Mr. PENCE. Mr. Speaker, I thank the gentleman for yielding.

I have heard a lot of generosity on the floor today, Mr. Speaker. People can always be generous with other people's money. And it seems that the new majority back in power has already gone the way of the old Democratic majority and, in fairness, along the way of mistakes that we made.

I was one of the Republicans that opposed our effort to vastly expand Medicare with the prescription drug entitlement. I think voters actually put some of us on the pavement because, with an \$8 trillion national debt, they are tired of reckless and runaway spending in Washington, D.C.

This bill is a massive increase in the government's role in health care. It makes millions of middle-class families eligible for government insurance, many of which are already covered under private plans. I don't think taxpayers should be required to pay for government insurance for the children of parents who earn up to \$80,000 a year. And we do this at the expense of seniors, cutting into the Medicare Advantage program.

And I would say to you American taxpayers should not have to support a system that provides health insurance coverage for illegal immigrants. This legislation allows funding of illegal immigrants in health care. It cuts health care for millions of senior citizens in the Medicare Advantage program. It provides government insurance for higher-income families, and it drastically expands the role of the government in America's health care system.

It just seems to me this new majority does well when it reminds the American people that we have a moral obligation to come to terms with an \$8 trillion national debt. The next time I hear one of those speeches on the floor, Mr. Speaker, you will forgive me if I run to the floor to remind people of a \$47 billion middle-class entitlement that passed the Congress today.

I urge my colleagues to oppose the CHAMP Act, to oppose middle-class entitlements.

Mr. STARK. Mr. Speaker, at this time I am pleased to yield 1 minute to the gentlewoman from Texas (Ms. JACKSON-LEE).

(Ms. JACKSON-LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Mr. Speaker, on the other hand unlike the minority, I rise to champion the CHAMP Act. Let me thank Chairman STARK, let me thank Mr. DINGELL, and Mr. RANGEL for providing the threesome who understood that our children are in need!

Mr. Speaker, it is a crisis. The CHIPS is getting ready to expire. I am very glad that we did something monumental in 1997 by implementing a program to help America's children—

CHIP. Five million children will be added. It will make it a total of 11 million children. Also seniors will have their choice of hospitals and doctors and they will be able to get all of their benefits under Medicare.

We will follow the current immigration law so the argument regarding undocumented immigrants is unfounded. But a sick person is a sick person, a sick baby is a sick baby, and Texas needs dollars, and America needs this health coverage.

At the same time, I look forward to working with the committee so that our doctor-owned hospitals in rural and underserved areas will be able to get a waiver so that they can continue to serve in those areas. But I am proud that we are providing more benefits, not fewer benefits, and we are providing more dollars for the State of Texas' most neediest residents—children and seniors—they need good health care now.

I urge my colleagues to support the CHAMP Act.

Mr. Speaker, I rise today in strong support of the Children's Health and Medicare Protection Act of 2007 (CHAMP Act). I would like to thank my colleague Mr. DINGELL for introducing this legislation, and for his leadership, together with that of Mr. RANGEL, in shepherding this legislation through both the Energy and Commerce and the Ways and Means Committees.

This important legislation commits \$50 billion to reauthorize and improve the State Children's Health Insurance Program, SCHIP, and it also makes critical investments in Medicare to protect the health care available to our Nation's senior citizens. I strongly urge my colleagues to join me in supporting this excellent bill.

Mr. Speaker, SCHIP was created in 1997, with broad bipartisan support, to address the critical issue of the large numbers of children in our country without access to health care. It serves the children of working families who earn too much money to qualify for Medicaid, but who either are not able to afford health insurance or whose parents hold jobs without health care benefits.

Children without health insurance often forgo crucial preventative treatment. They cannot go to the doctor for annual checkups or to receive treatment for relatively minor illnesses, allowing easily treatable ailments to become serious medical emergencies. They must instead rely on costly emergency care. This has serious health implications for these children, and it creates additional financial burdens on their families, communities, and the entire Nation.

This year alone, 6 million children are receiving health care as a result of SCHIP. However, funding for this visionary program expires September 30. Congress must act now to ensure that these millions of children can continue to receive quality, affordable health insurance. President Bush has employed rhetoric in support of this program while on the campaign trail, stating in 2004 that "In a new term, we will lead an aggressive effort to enroll millions of poor children who are eligible but not signed up for government health insurance programs." Unfortunately, however, in practice both the Administration and my colleagues on

the other side of the aisle in Congress have proposed significant cuts in the program. If these are approved, millions of children will lose health coverage.

As chair of the Congressional Children's Caucus, I can think of few goals more important than ensuring that our children have access to health coverage. It costs us less than \$3.50 a day to cover a child through SCHIP. For this small sum, we can ensure that a child from a working family can receive crucial preventative care, allowing them to be more successful in school and in life. Without this program, millions of children will lose health coverage, further straining our already tenuous healthcare safety net.

Additionally, through this legislation, we have an opportunity to make health care even more available to America's children. The majority of uninsured children are currently eligible for coverage, either through SCHIP or through Medicaid. We must demonstrate our commitment to identifying and enrolling these children, through both increased funding and a campaign of concerted outreach. This legislation provides States with the tools and incentives they need to reach these unenrolled children without expanding the program to make more children eligible.

In my home State of Texas, as of June 2006, SCHIP was benefiting 293,000 children. This is a decline of over 33,000 children from the previous year. We must continue to work to ensure that all eligible children can participate in this important program. To this end, Texas Governor Rick Perry signed legislation in June to, among other things, create a community outreach campaign for SCHIP.

In addition to reauthorizing and improving the SCHIP program, this legislation also protects and improves Medicare. Due to a broken payment formula, access to medical services for senior citizens and people with disabilities is currently in jeopardy. Physicians who provide healthcare to Medicare beneficiaries face a 10 percent cut in their reimbursement rates next year, with the prospect of further reductions in years to come looming on the horizon. The budget proposed by the Bush administration does not help these doctors, or the patients that they serve.

Mr. Speaker, I believe that senior citizens and individuals with disabilities deserve access to quality and affordable healthcare. Currently, there are 35 million seniors without private health plans, and, at current rates, the Medicare Trust Fund will be depleted early because of excess payments to HMOs. This legislation reverses Republican efforts to privatize Medicare, and it ensures that seniors will have access to the doctor of their choice.

This is extremely important legislation providing for the health coverage of 11 million low-income children, as well as protecting the health services available to senior citizens and persons with disabilities. I strongly support this bill, and I urge my colleagues to do the same.

Mr. DINGELL. Mr. Speaker, at this time I yield 1 minute to the distinguished gentleman from Tennessee (Mr. COHEN).

Mr. COHEN. Mr. Speaker, I am astonished at what I have heard from the other side of the aisle: disingenuous talk about great deficit; the deficit caused by the Republican majority's work or lack of work over the last 12 years; giving tax breaks to the rich

while sending our troops to a war that has cost us half a trillion dollars and approaching a trillion dollars. That is where the deficit has come from, and this disingenuous talk is shocking to hear.

And the admission that they are against giving children of middle-class families health care. The Republican party, Mr. Speaker, used to say they cared about the middle class. Now they say they don't want to give health benefits to their children. That is amazing. And doctors, who used to be one of their main interest groups, would get reimbursement that they are entitled so that they can continue to participate in Medicare under this plan, and they oppose that.

I would ask you to look at the wall and Daniel Webster, who says, engraved in stone here: Do something of monumental proportions. Do something that generations will remember, something great.

That is what this bill will do. I am happy to be here in support of the CHAMP bill. Hubert Humphrey was a champion of children, and I am happy to stand here for him.

Mr. CAMP of Michigan. Mr. Speaker, I yield 2¼ minutes to the distinguished gentleman from Kentucky (Mr. WHITFIELD).

Mr. WHITFIELD. Mr. Speaker, if there ever was a bill that should have bipartisan support, it is this SCHIP bill. All of us support health care for children.

But the problem that we have in this process is that this is a bill that really did not receive the full vent of the Congress. And so here we find ourselves on the floor debating a bill that is going to be a dramatic change and expansion of government health care.

The original SCHIP program was designed for 250 percent of the poverty level and above. This bill removes that limit so that States can do whatever they want to.

Today there are 700,000 adults on the Children's Health Program. This bill is going to greatly expand the number of adults on the program. There even are incentives so that children will leave their parents' health plan and go to the government health plan, and in doing so, since children are generally a healthy group, the private health plan premiums are going to increase in cost. They are also imposing a fee on every private health plan in America, every self-insured health plan in America.

In addition to that, they are going to lower the reimbursement for the Medicare Advantage program, which is particularly strong in rural areas, which will hurt the seniors on the Medicare Advantage program.

So the bottom line, and philosophically we are not questioning anyone's motives, but there should be a full debate on this. This is dramatically expanding government health care and diminishing private health care. And that is what this debate is really all about.

And I would say this: We need a strong private health system. That has been the tradition in America. And last year, for example, the MD Anderson Cancer Center in Texas spent more money on research and development in health care and health needs and curing diseases than all of the entities in the Canadian health plan. That is why we are upset about this program. Not that we don't want to cover children.

I thank the gentleman for his generosity of time.

Mr. STARK. Mr. Speaker, at this time I yield for the purpose of making a unanimous consent request to the distinguished gentleman from Oregon (Mr. WU).

(Mr. WU asked and was given permission to revise and extend his remarks.)

Mr. WU. Mr. Speaker, I rise in support of the CHAMP Act and the reauthorization of the State Children's Health Insurance Program, or SCHIP.

This bill will cover the nearly 11 million children who fall into the gap between Medicaid and private insurance.

Not only will the CHAMP Act provide health insurance for millions of additional children, but also the peace of mind for millions of families who work hard to provide all of life's essentials for their families.

For my state of Oregon the passage of the CHAMP Act means many of the 107,000 uninsured children will have access to health care.

And while the legislation before us today is a suitable and necessary short-term solution, the long-term need remains: America is falling short of our moral obligation to provide all children with access to health care.

Access to health care is not only a struggle for those with the lowest incomes; it now also is a struggle for those we have traditionally considered middle-class, and therefore should be able to afford health insurance.

Since 1965 Medicare has ensured our Nation's senior citizens have access to health care. That success should be extended to cover our youngest citizens. I am developing new legislation will do just that.

My MediKids legislation would provide access to comprehensive health care for all children and expecting mothers. Every child would be automatically enrolled at birth. But parents would retain the right to choose to enroll their children in private plans or others such as SCHIP or Medicaid.

MediKids also would act as a safety net. If parents have a lapse in other insurance, a common concern and constant worry among many families, MediKids would provide coverage.

America has the best health care in the world, but fewer and fewer families can actually afford it. We should not make our children, and their parents, wait any longer.

I urge my colleagues to support the legislation before us, but to continue to work toward a long-term solution for today's and tomorrow's youngest citizens.

Mr. DINGELL. Mr. Speaker, at this time I am delighted to yield 1 minute to the distinguished gentleman from Pennsylvania (Mr. ALTMIRE).

Mr. ALTMIRE. Mr. Speaker, I continue to hear my colleagues on the other side of the aisle say that this bill is a move towards government-run

health care that will cause seniors to lose their Medicare.

I would suggest to my colleagues who complain inaccurately that Medicare beneficiaries will lose coverage under this bill that, if my colleagues are so worried about that, they should consider the implications of doctors refusing to see Medicare patients, which is exactly what could happen if we don't pass this bill and fix physician reimbursement.

SCHIP is a State block grant program and will remain so under this bill. Nearly every State contracts out the SCHIP program to private insurers. That is far from a government-run program.

These are children who live in families where the head of household works but they don't make enough money to afford health insurance. These are families that work hard and play by the rules but still can't afford health care for their kids. That is what we are talking about here today, Mr. Speaker.

This bill protects and strengthens the Medicare trust fund and invests in our children, and I ask my colleagues to support this bill.

Mr. CAMP of Michigan. Mr. Speaker, I yield myself 2 minutes.

First, I would like to make one point perfectly clear. Republicans support health care for low-income children. We support reauthorizing the program we passed in 1997. And that shouldn't come as a surprise to anyone. After all, it was the Republican majority that created the State Children's Health Insurance Program, and we did it in a bipartisan manner.

Today, sadly, we do not have a bipartisan bill before us. When we talk about insuring the Nation's needy children, we should talk about it in a bipartisan way. And if the majority had crafted a bill that was just about helping low-income children, we would stand here today ready to overwhelmingly approve that legislation.

Unfortunately, this bill doesn't focus on low-income children. Instead, it draws scarce resources away from these needy children in order to take a giant leap toward universal, government-controlled health care.

Worst of all, this dramatic step comes at the expense of Medicare, seniors' health insurance, in order to give middle-class and even upper middle-class families a new Federal health benefit.

These are not minor cuts in senior health care. The majority's bill cuts or eliminates many Medicare benefits and services: \$157 billion in cuts to Medicare Advantage, which are health plans that offer additional benefits to low-income seniors like disease management, vision, dental, and hearing benefits, and improves the quality of care they receive; billions in cuts to home health care services, to wheelchairs, to patient rehab facilities, to nursing homes, to dialysis patients, and to oxygen treatment. And because of a new insurance

tax on every insured American, health costs to seniors and all Americans will go up.

I don't know about you, but I can't look a 75-year-old widow in the eye in my district and honestly ask her to give up her benefits so that a 45-year-old couple making \$80,000 a year or more with a 21-year-old can receive government health care.

This bill did not have to be this way. It should not be this way. I urge my colleagues to vote against this bill, and I urge the majority to bring us back a bill that focuses on helping low-income children. That is a bill we can all support.

Mr. STARK. Mr. Speaker, I would like to yield 1 minute to the distinguished gentleman from Connecticut (Mr. MURPHY).

Mr. MURPHY of Connecticut. Mr. Speaker, I thank my friend from California for yielding.

We talked a lot about how this bill is great for kids. I want to join Mr. ALTMIRE in talking about this bill is great for seniors as well.

Four years ago this House passed an expansion of the Medicare program to cover drugs. It should have done it a long time ago. The problem was when you finally did it under Republican control, it ended up benefitting the drug companies and insurance companies and really being a burden for many senior citizens. That ends in large part today with the passage of this bill.

The underlying CHAMP Act today is going to finally allow seniors to be able to switch their plans when the plans change the drugs that they cover. It is going to begin to remove the doughnut hole, especially for the most vulnerable Medicare recipients out there. And it is finally going to get rid of those burdensome late penalties for the lowest of income seniors.

This bill is undoubtedly a great bill for kids. This bill is also going to be a great step forward for the millions of seniors around this country who have been struggling with the Medicare part D program for the last 4 years.

I thank the gentleman for his work on this bill.

□ 1800

Mr. CAMP of Michigan. At this time, Mr. Speaker, I yield 1 minute to the gentleman from Florida (Mr. BILIRAKIS).

Mr. BILIRAKIS. I thank the gentleman for yielding.

I rise in opposition to a bill that is more about politics than children's health insurance. The so-called CHAMP Act represents a missed opportunity to expand SCHIP in a focused manner to help provide health care to our Nation's neediest kids.

I'm extremely disappointed that this bill raises taxes and cuts Medicare to expand the program well beyond its original intent. This bill would cut Medicare benefits to more than 45,000 of my constituents who rely on their Medicare Advantage plans for services

and benefits they otherwise could not afford.

Mr. Speaker, I urge our colleagues to, instead, support the motion to recommit, which will extend the SCHIP program and stop scheduled Medicare physician payment cuts without raising taxes or cutting Medicare.

I will oppose this bill if the motion to recommit fails because I oppose politicizing an issue that should be above the partisan differences that too often divide us.

Mr. DINGELL. Mr. Speaker, at this time, I am delighted to yield 1 minute to the distinguished gentleman from Georgia (Mr. SCOTT) and to note that he provided extraordinary leadership in the creation of a program of this type in Georgia. He is entitled to speak, I think, with real wisdom. We thank you.

Mr. SCOTT of Georgia. I thank the distinguished gentleman, Mr. DINGELL, for his courtesies.

This is, indeed, our finest hour of opportunity, and I urge my Republican friends not to blow this.

Now, I have come to this well because I come from Georgia, a State that is in dire need of this bill being passed. We have nearly 300,000 children who are affected by this program. And I want to take just a minute because there is so much I want to say I have only a minute to say it.

There are so many reasons that the Republicans have used to try to come up against this bill. I cannot for the life of me understand why you are not standing forefront in favor of getting health care for our children. But perhaps the most devious one of all that you use is to try to fight the immigration fight on this bill.

In this law, it clearly states, "No Federal funding for illegal aliens." Nothing in this act allows Federal payment for individuals who are not legal residents. Gentlemen, that is a false, false horse to ride.

Vote for the children. Vote for this bill.

Mr. CAMP of Michigan. Mr. Speaker, at this time, I yield 1 minute to the gentleman from Arizona (Mr. FLAKE).

Mr. FLAKE. I thank the gentleman for yielding.

Yesterday, we passed lobby reform legislation that deals with earmarks, gives Members certain notice. You have to put your name next to it. There is certain transparency and accountability, some of which is good.

I should note, with this legislation, in the middle of the night last night we did the equivalent of earmarking on an authorization bill. We, in the middle of the night, designated some 25 hospitals, giving them a different designation, which will save those hospitals millions and millions of dollars. That's the equivalent of appropriation earmarks in an authorization bill, done without debate, without notice. We're getting it now.

And there is a process within the executive branch to deal with this. We

have circumvented that process and said we're going to do it legislatively. That is simply not right and certainly not in keeping with the spirit of legislation that was passed just yesterday.

Mr. STARK. Mr. Speaker, I yield myself such time as I may consume to respond to my distinguished friend from Arizona.

And I have to admit, in honesty, that there are earmarks in this bill. There are 11 million earmarks, six million children whose names we now have and five million children to be added to the bill. And I'm proud to say those earmarks are in the bill.

Mr. Speaker, I am pleased to yield 30 seconds to the gentleman from New York (Mr. RANGEL).

Mr. RANGEL. I want to compliment my colleague on his concern about earmarks; and I hate to see your record and credibility shattered merely because many Members, Republicans and Democrats, did not want certain hospitals to suffer the cuts, as has been recommended by this administration. And where we could and where there appeared to be some doubt, I gave my word to the members of the Ways and Means Committee, as did Mr. MCCRERY, that PETE STARK and I would be taking a look at each and every one of them. But it would be a tremendous stretch of anyone's imagination to call that an earmark.

Mr. CAMP of Michigan. Mr. Speaker, I yield 1 minute to the gentleman from Georgia (Mr. WESTMORELAND).

Mr. WESTMORELAND. I appreciate the gentleman for yielding.

Mr. Speaker, I have been listening to the debate, and I haven't heard of any way that this is going to be paid for, the 130 something billion dollars over 10 years, except for 45 cent a pack increase in the tax on tobacco. So while I heard some Members over there talking about this is going to be a deterrent to people smoking, you better hope a bunch of people start smoking because you're going to have to sell a ton of cigarettes to come up with \$132 billion. But then the closer you look at it, you find out that this is, again, smoke and mirrors from this majority in Congress.

What this is going to do in 2011 is actually cut doctors' pay 12 percent. Now, if anybody really believes in this room that we're going to cut doctors' pay by 10 or 12 percent, they're kidding themselves. This is another gimmick, more smoke and mirrors, more illusion for the people of this country.

The people of this country are smarter than that. When they recognize what this is, then I think that the majority is going to find out that they do not want the CHUMP bill passed.

Mr. STARK. Mr. Speaker, at this time, I'm pleased to yield 1 minute to the distinguished gentleman from Pennsylvania (Mr. FATTAH).

Mr. FATTAH. It's been said that it is how we treat the least of these that we will be judged. I think about my own four children, Francis and Chip and

Cameron and Chandler. I think about the night I spent at the Children's Hospital all night long with my daughter because she suffered from dehydration. It's wonderful that she has insurance and we can provide for the best coverage at the best Children's Hospital, I think, anywhere in the world. But this bill is about helping all of our children, the six million that will continue to have coverage and the five million that we're adding.

The AMA, the AARP, the National Committee to Preserve and Protect Social Security, the Children's Defense Fund, all of these entities that represent these interests have lined up on behalf of this bill. And we need to line up this House on the right side of history.

I want to commend the chairmen, RANGEL and DINGELL and PALLONE and STARK, for their work and ask for a unanimous vote on behalf of the CHAMP Act.

Mr. CAMP of Michigan. Mr. Speaker, I yield 1½ minutes to the gentlewoman from Tennessee (Mrs. BLACKBURN).

Mrs. BLACKBURN. Mr. Speaker, what a fascinating debate it is that we are having; and I thank the gentleman for yielding a few moments of time.

You know, we're beginning to hear from some of the nearly 54,000 Medicare beneficiaries that we have in our district because they have figured out that this is going to be financed on their back; and we have nearly 9,000 Medicare Advantage beneficiaries that are in our district. Our Congressional Budget Office estimates are telling us that this looks like it's going to end up costing us over \$11 million in our district.

Now, we know that we're going to see the tax on private insurance. We've heard from some of our individuals who are questioning why in the world are you putting a tax, you've got a tax on everything, why are you taxing our health insurance benefits?

We're hearing from our tobacco farmers and our friends in the agriculture community that are quite upset about cigarette and cigar and tobacco taxes there. And as the gentleman from Georgia just said, this grand plan basically says, seniors, we need you to smoke more so that you can help pay for this plan to expand SCHIP to middle- and upper-income families.

And being a mother, I can tell you that a 25-year-old probably is a little bit offended to be called a child, because 25-year-olds are adults. They are young adults, and they are working, and they do not need to be on those programs.

Mr. STARK. Mr. Speaker, at this time, I am pleased to yield as much time as he may consume to the distinguished chairman of the Ways and Means Committee, Mr. RANGEL.

(Mr. RANGEL asked and was given permission to revise and extend his remarks.)

Mr. RANGEL. Let me extend an olive leaf to my friends on the Republican

side, because it just wouldn't be fair for you to be going home thinking that people will be talking about politics and process when the bottom line is: Where were you when this government, as big as it is, wanted to protect 11 million kids in health insurance? That's going to really be the bottom line.

And if you think that government is really so big that \$50 billion is just too much money to invest in these little kids, then kind of think about what you're willing to invest in Afghanistan, in Baghdad, in improving its schools and its hospitals.

And think of what we get back. Just think of what we get back in preventing these kids from getting diseases and illnesses that would not only cost us billions of dollars in health care, but the lost competition, the inability to learn and to be productive. What a heck of an investment this is, even for our United States Government, to be concerned with 11 million Americans becoming healthy, better educated and competitive.

This is not a question of Democrats being so dumb, so stupid, so apolitical that we want to hurt our own folks. Unlike children, they vote. And every organization that has dedicated themselves to older Americans for health services have endorsed this: the hospitals, the doctors, the nurses, the Catholics, the Protestants, the Jews, the gentiles. People who are concerned about human lives are concerned that we do these things.

What do you think we are? We were born yesterday? No. I don't know what the President intends to do, but you can't hurt this President anymore. You don't have to do this to yourselves. Just think about your explanations: The bill wasn't ready; it didn't come out of committee. I don't know. How are you going to pay for it in 2012? Or maybe some of you youngsters have to think about it. But just think about how many people are going to get health care between now and 2012 before we look at the President's tax cuts. Somehow they kind of broke it off at 2010. So it's not the first time people had these creative ideas.

But let me suggest this to you: This bill expires on September 30. Now, I don't know whether they have town hall meetings on the other side or not, STENY, but I would hate to be at one of them when they explain why there is not going to be insurance for these six million, and additional five. I hate for them to say how they were reading the bill because they didn't participate.

These are things that we can improve upon. And Mr. McCRERY and I work every day to see whether we can do a better job on communication. But don't you let our lack of communication interfere with having coverage for 11 million kids who deserve better than what we've given them in terms of the debates and the discussion on this historical piece of legislation.

So we have the opportunity to join with hundreds of Americans that are

concerned about our young people, our old people, a better America. Our educators, our teachers want to do this. I cannot think of anything that's more important for our national security and our national defense than investing in these young people who carry the torch of freedom for the generations that follow us.

But if you don't do this, if they find themselves without health care, if their parents cannot be productive on the job because they're worried about their kids and not being able to get to a clinic, if they can't enjoy the preventive care that you enjoy and I enjoy and our children and grandchildren enjoy, you explain it, that we weren't talking to each other, we didn't cooperate, and the program just expired.

No. I don't want you to go that way. I don't even think the President wants to go that way. I want you to think about the bottom line: 11 million kids, an improved Medicare system, \$15 billion helping citizens or older that don't have the funds to get insurance, 5 billion for those in the rural areas that don't have access to health care. This is what we're doing.

You may not have liked the roadmap, but you can't walk away from what we've done. You can never say anything that's wrong about helping children. So let us try to think about how we end this up, because come this November people will be asking the questions. I don't think it's going to be on process. I don't think it's going to be how long you kept us up at night. I don't think it's going to be how many parliamentary maneuvers we had. I don't think it's whether we missed our Easter recess. Did you let this program expire and were you there when the children called on you?

I hope we can count on your vote.

□ 1815

Mr. CAMP of Michigan. Mr. Speaker, I yield 1½ minutes to the gentleman from Texas (Mr. CULBERSON).

Mr. CULBERSON. Mr. Speaker, everyone who is about to vote for this bill needs to read it.

Mr. Speaker, on page 3 of the bill, on the bottom of the page, each State is going to conduct its own audit of eligibility of people that they are providing federally funded health insurance for.

Now, we know already the State of California has said they want to provide health insurance coverage to all children in the State, regardless of whether they are here legally or not. But they can't do that. California cannot extend health insurance to people who are undocumented, because Federal law currently requires that you must prove you are here legally or that you are a citizen under existing law. But this bill repeals that verification requirement. The bill specifically allows each State "shall audit itself."

Under State law, States can use any verification method they wish to determine whether or not somebody is a citizen or they are here legally. Obvi-

ously, this law repeals the verification requirement and allows the State to provide health insurance coverage to people who are here illegally or undocumented aliens. In fact, there is no way to even verify their income level.

This is an open-ended faucet that the States are going to be able to tap into the Federal treasury. This is a creation of "HillaryCare" where everyone in this Nation under the age of 25, we are going to kick seniors off of Medicaid and Medicare and allow States to sign up people who are undocumented aliens for the first time in this Nation's history, at a time of record debt, record deficit, and at a time the taxpayers cannot afford it.

Mr. Speaker, this spendthrift majority is going to bankrupt this Nation.

Mr. STARK. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, first of all, I take this opportunity before we have closing remarks to thank the ranking member of the Ways and Means Committee and the ranking member of the Health Subcommittee for their comity during all of our discussions and the hearings in the past.

I also want to take the chance and take the time to thank our staff, Cybele Bjorklund; Debbie Curtis; Deb Mizeur; Jennifer Friedman; Chad Shearer; Dr. Gene Rich, one of the most overpaid physicians in the country; Drew Dawson; Dana Sun, our intern from the Massachusetts Institute of Technology; Karen McAfee; Ed Grossman; Jessica Shapiro; Mark Miller and the MedPAC staff.

I would also like to thank Chuck Clapton, Joelle Oishi and Dan Elling from the minority staff.

I would like to thank also the staff of the Energy and Commerce Committee: Bridgett Taylor, Amy Hall, Yvette Fontenot, Heather Foster, and Christie Houlihan. All of these people contributed to work to see that we could be as fair and as equitable as we could in drafting this bill. I think they can all be proud of both the work and their efforts to see that this bill was fair and equitable.

Mr. Speaker, I reserve the balance of my time.

Mr. DINGELL. Mr. Speaker, could I ask how much time remains to the different Members?

The SPEAKER pro tempore. The gentleman from California has 30 seconds remaining, the gentleman from Michigan (Mr. CAMP) has 4¾ minutes remaining, and the gentleman from Michigan (Mr. DINGELL) has 7½ minutes remaining.

Mr. DINGELL. Mr. Speaker, I yield 1 minute to the distinguished majority leader (Mr. HOYER).

Mr. HOYER. Mr. Speaker, I want to thank my extraordinarily generous friend from Michigan, for whom I have not only great respect but great affection as well. I want to thank him for his more than half a century of leadership on issues of health care in America, on extending health care and insurance to every American, to ensuring

that in this great country of ours every American has the opportunity to receive the extraordinary quality health care that we have available in this great country.

I also want to thank my good friend, the chairman of the Ways and Means Committee, CHARLIE RANGEL, who has for so many years fought the good fight. As he said on this floor, this is an opportunity for us to extend to children the benefits of health care. I want to mention the President's intent as well.

I want to thank my friend from California, PETE STARK, who has been the Chair of this subcommittee and who has been so faithful.

And I want to thank Mr. MCCRERY and the ranking member of this subcommittee. I understand we may have a difference of view, but we are working together now, as the American people expect us to do.

I said on this floor last night that we would have a robust debate on this important legislation, the Children's Health and Medicare Protection Act. I think we have had that robust debate.

While we may disagree on elements of this bill, I believe that virtually all of us agree that it is unacceptable and, indeed, immoral that millions of children in the wealthiest Nation on the face of the Earth do not have health insurance. That is unlike every industrialized nation in the world, other than ourselves.

This historic legislation addresses this national challenge, building upon the successes of the State Children's Health Insurance Program, which received strong bipartisan support in the Republican-led Congress in 1997 and which was signed into law by a Democratic President, President Clinton.

Under this bill, 11 million American children, six million who currently are covered under SCHIP and an additional five million children who currently lack health insurance, will have access to quality, affordable health insurance. It seems to me that is why so many of us serve in this body, to ensure that our people have that access.

Let us be clear. Contrary to the claims of some, including, sadly, at this point in time, President Bush, this legislation does not expand the SCHIP program. Let me repeat that. This legislation does not expand the SCHIP program. Instead, this legislation provides the resources needed to enroll children who are eligible under existing law but who are currently not enrolled. Let me reiterate. The CHAMP Act maintains current law regarding eligibility for SCHIP.

Furthermore, this legislation ensures seniors access to the doctors of their choice by stopping a scheduled 10 percent payment cut to doctors. It phases out overpayments to private plans.

My friends on the other side, of course, want to make sure that the government is very careful in its expenditure of funds, and it urges us to adopt the practices of the private sec-

tor, which are driven by competition on price. However, in this case, we have mandated by law that the competitors receive 100 percent reimbursement while the competitors that are favored receive 111 to 130-plus percent. That is a little bit like the prescription drug bill where we can't negotiate for price.

This bill maintains competition and access, and in so doing, the bill would extend Medicare solvency by 3 years, while protecting seniors and people from disabilities from having to pay higher monthly premiums. In addition, my friends, this bill improves Medicare by, among other things, providing new preventive benefits.

I must note, Mr. Speaker, that nearly 3 years ago, in the middle of a presidential campaign, President Bush said the following, and I quote. And this, by the way, was at the 2004 Republican national convention when President Bush was seeking the votes of Americans throughout this country to be re-elected President.

This is what he said: "America's children must have a healthy start in life," to which clearly all of us as we watched the television said, Amen. "In a new term," he said, "we will lead an aggressive effort to enroll millions of poor children who are eligible but not signed up for government health insurance programs."

Mr. President, that is what we are doing this afternoon.

But now, unfortunately, a mere 36 months later, the President is threatening to veto legislation that does precisely what he said he wanted to do in 2004 as he was running for President and seeking the votes in that convention.

Mr. Speaker, contrary to the claims of the President and other opponents of this bill, it does not constitute a government takeover of health care. That is a straw man. That is a shibboleth. That is not accurate. In fact, three-fourths of the children in the SCHIP program receive care today through private insurance plans that contract with the States.

Nor is the bill fiscally irresponsible. A curious claim, I would say, coming from the President and congressional Republicans whose policies added more than \$3 trillion to the debt. I got a letter just a few days ago, maybe you got it as well, Mr. MCCRERY, from Secretary Paulson. He said, "you know, we are running up against the debt limit."

Does anybody here know in the 4 years preceding this Bush administration's policies how many times we raised the debt? Not once. But we have raised it five times in the last 6 years, if we raise it again.

So when we talk about fiscal responsibility, it is fiscally responsible to invest in the health care of our children, because they will be healthier citizens, more productive citizens, and we will have a better, more economically viable country. In fact, the Democratic majority has taken pains to pay for this legislation and abide by pay-as-

you-go budget rules which provided for 4 years of surplus immediately preceding this administration.

Mr. Speaker, in the final analysis, the question before the Members of this body really is this: Do you support reauthorizing this critical program and providing health insurance to eligible children, eligible children, eligible children, or not? I urge my colleagues, vote to provide health care for our children. Vote to improve and protect Medicare. Vote for the CHAMP Act.

Mr. CAMP of Michigan. Mr. Speaker, I yield to the distinguished gentleman from Florida (Mr. YOUNG) for the purpose of making a unanimous consent request.

(Mr. YOUNG of Florida asked and was given permission to revise and extend his remarks.)

Mr. YOUNG of Florida. Mr. Speaker, I rise in support of children and older Americans this afternoon because I have supported and initiated many legislative efforts in this House to provide health care benefits to both groups.

Yet I must oppose this legislation today because the process under which we are considering it is a disservice to young and old alike. We have before us a major expansion of a Federal entitlement program, a \$54 billion tax increase, and the largest cut in the history of the Medicare program under a procedure that allows no member—Republican or Democrat—to offer an amendment to improve this bill. This is the people's House, and yet only a handful of our 435 members have had a chance to write this legislation. Two major committees—Ways and Means and Energy and Commerce—had primary jurisdiction over this matter, but the Energy and Commerce Committee did not even hold public hearings on this important issue.

The State Children's Health Insurance Program (SCHIP) was established with my support in 1997 through a bipartisan effort of this Congress. It has been an unqualified success in providing life-saving medical care to children throughout our Nation. The SCHIP program in Florida now covers children in families with annual incomes of up to 200 percent of the poverty level. In the 10th Congressional District I have the privilege to represent, 21,779 families, or 34 percent of all families with children under the age of 18, are already eligible for Medicaid or SCHIP.

While we could have extended the current, very successful program and modified it to make some program improvements in the coverage of those children who have no insurance, those who wrote this legislation seek to expand the program to include children who come from families that already have health insurance. Children from families with incomes as high as \$82,000 could become eligible for health care benefits. And the authors of this legislation pay for this new coverage by cutting Medicare benefits upon which thousands of seniors in my district rely on for their health care needs. It is estimated that these cuts total upwards of \$194 billion over the next 10 years.

This would cut funding for the 42,843 seniors in my district who are currently enrolled in a Medicare Advantage Program.

This legislation cuts payments for seniors' hospital and inpatient care by \$2.7 billion.

This legislation cuts payments for seniors' inpatient rehabilitation services by \$6.6 billion.

This legislation cuts payments for seniors' skilled nursing facilities by \$6.5 billion.

This legislation cuts payments for seniors' home health care services by \$7.2 billion.

This legislation cuts payments for those of all ages with End Stage Renal Disease by \$3.6 billion.

This legislation would impede the mobility of seniors by making them wait a full month to receive Medicare coverage for a motorized wheelchair.

And this legislation would reduce the amount of time seniors can receive Medicare coverage of home oxygen equipment from 36 to 13 months.

Mr. Speaker, my district is home to All Children's Hospital in St. Petersburg, Florida. My wife Beverly and I have spent countless hours there with children and their families, as well as with their doctors and medical staff. You can be sure we understand the special needs of children, particularly those without health insurance coverage. The program we established 10 years ago was a major improvement in expanding the health care options of children. It also provided important reassurance for their parents.

There is no doubt that we could have improved this legislation by working together. Republicans and Democrats alike support providing health care coverage for children and seniors. Instead, this reauthorization of what was a major bipartisan health care initiative has been rewritten with the input and ideas of just a select few members without the opportunity of amendment by all the members of this House.

In fact, the last changes to this legislation were made at 3 this morning. Those changes even wrote into this bill specific program carve outs for 36 hospitals identified by name or location. None are in Florida. How were those hospitals selected?

Mr. Speaker, when it comes to providing health care for young or old alike we should work together in a bipartisan manner to create the best program possible. The best ideas do not reside in just one committee or one political party. We should all have the opportunity to contribute to this legislation, to debate amendments, and to vote on those amendments. A majority of members, not a majority party, should determine what is best for the American people.

While I will vote against this legislation today in large part because of the procedure under which it is being considered and my concern about the negative impact it will have on older Americans, it is my hope that when it returns from the Senate and a conference between the House and Senate, it will be something that I can support, that the majority of my colleagues can support, and most importantly that Americans of all ages can support.

Mr. CAMP of Michigan. Mr. Speaker, I yield 1½ minutes to the gentleman from Texas (Mr. HENSARLING).

Mr. HENSARLING. I thank the gentleman for yielding.

Mr. Speaker, it is clear, the Democrat majority will soon ram through this Congress the single largest step in Washington-controlled, bureaucratized, rationed, socialized health care. And they are going to do it all under the guise of helping the neediest of our children. But by passing this bill, they

are threatening the quality, the access and the choice of health care for all children in America. It is a sad day indeed for our children's physical health. It is a sad day for their fiscal health.

We all know, Mr. Speaker, that Medicaid is the program for the neediest of our children, and we know that SCHIP today is providing for the health care of those low-income working parents.

This is about something else. This is about taking adults off of private health care and putting them on public health care. It is about creating a new permanent entitlement, no matter what the majority may say. There will be no income limit on SCHIP eligibility, no sunset of the program, no annual allotment for the States. It shifts children participating in private insurance that their parents have chosen to that run by the government.

In creating a new entitlement, we are on the verge of leaving the next generation with a lower standard of living. Defeat this program.

□ 1830

Mr. DINGELL. Mr. Speaker, I believe here we have two remaining speakers. As I understand the practices of the House, it is, of course, the right of the chairman of the committee of jurisdiction to close.

I am the only speaker other than our Speaker who wishes to speak and from whom we wish to hear. I would ask first my colleagues on the minority side how many more speakers they have.

Mr. CAMP of Michigan. I just have one speaker remaining, Mr. Speaker.

The SPEAKER pro tempore. The Chair will recognize Members to close in the following order: the gentleman from California, the gentleman from Michigan (Mr. CAMP), and then the gentleman from Michigan (Mr. DINGELL).

Mr. DINGELL. I would ask unanimous consent that I be able to speak but that our Speaker be able to close for this side.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

Mr. CAMP of Michigan. Reserving the right to object, if I can inquire of the gentleman, are there only two speakers?

Mr. STARK. I will be glad to yield back the balance of my time.

The SPEAKER pro tempore. The gentleman from California may reserve the ½ minute to recognize the Speaker if he wishes.

Mr. STARK. I would like to do that if I may.

Mr. CAMP of Michigan. I withdraw my reservation of objection.

Mr. SPEAKER pro tempore. The reservation is withdrawn.

The Chair will note that the gentleman from California will yield his ½ minute to the Speaker. The gentleman from Michigan (Mr. DINGELL) has 6½ minutes remaining. The gentleman from Michigan (Mr. CAMP) has ¾ minutes remaining.

Mr. DINGELL. If the gentleman from Michigan so desires, I would defer to him and allow him to speak now, then I will have my remarks, and then the Speaker will close.

The SPEAKER pro tempore. The gentleman from California will be first recognized to close. The gentleman from Michigan (Mr. CAMP) will be next recognized to close. The gentleman from Michigan (Mr. DINGELL) will be recognized to close. Mr. DINGELL can reserve 1 minute at the end of his time to recognize the Speaker to close if he wishes.

Mr. DINGELL. That is my unanimous consent request.

The SPEAKER pro tempore. In that case the gentleman from California (Mr. STARK) has 30 seconds.

Mr. STARK. Mr. Speaker, I am happy to yield back the balance of my time.

Mr. CAMP of Michigan. Mr. Speaker, I yield the balance of my time to the gentleman from Louisiana (Mr. MCCRERY), the distinguished ranking member of the Ways and Means Committee.

The SPEAKER pro tempore. The gentleman from Louisiana is recognized for ¾ minutes.

Mr. MCCRERY. Mr. Speaker, I think this has been a good debate today. It has been a good debate in part because I believe a number of Members on both sides of the aisle have learned things about this legislation that they didn't know before this debate. I think there are enough questions that were raised today about exactly what is and is not in this bill to warrant this House taking more time to get it right.

The motion to recommit that we will offer in just a few minutes will give this House that opportunity because we in the motion to recommit ask the committee to report back forthwith, which means that this House can today pass what is in our motion to recommit. And in that motion to recommit we will reauthorize the current SCHIP program for 1 year, and we will do a fix for the doctors' reimbursement for 1 year. That will allow this House to give the appropriate amount of time to discover what is and what is not in this legislation that the majority has presented us today and figure out, perhaps in a bipartisan way, the best manner in which to proceed on a long-term basis with the SCHIP program.

I would ask those fiscal conservatives in the majority, some of whom have in good conscience complained about some of the actions of the former majority, there are signs in the hall talking about the national debt, and I ask those Members to think before they vote for this bill. Do they really want to establish a new entitlement program that is open-ended in this country, that is not properly funded? It is funded with a tobacco tax. That is going to be a decreasing source of revenue for this country, not increasing. It is funded with changes to the Medicare program, cuts to the Medicare Advantage program. That is not going to have long-

lasting consequences? So, really, I want those people who are concerned about the deficit and concerned about the debt to think before they vote for this bill.

We are giving you an opportunity in the motion to recommit to sustain the SCHIP program, do what you've talked about doing, fix the doctors' reimbursement for a year, and give us more time to talk back and forth a little bit and explore the consequences of some of the provisions that are in this bill that we think would do injury to the fitness of this country, and we think that we can work together to provide a better way for insuring children in this country, not the way that is in this bill.

I believe that this bill is fiscally irresponsible. It is too bad we didn't have fuller hearings and fuller opportunities in committees, in both the Ways and Means Committee and the Energy and Commerce Committee, to explore some of the particulars that the majority decided to put into this bill and just informed the House about within the last 24 hours or so.

Had we had that opportunity, I believe Members with goodwill on both sides of the aisle could have worked out what I believe would have been a much, much better bill than what I perceive to be a hastily put together bill that is before us today.

GENERAL LEAVE

Mr. DINGELL. Mr. Speaker, I ask unanimous consent that every Member have 5 legislative days in which to revise and extend their remarks and include extraneous material on the legislation now before us.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

Mr. DINGELL. Mr. Speaker, I yield myself 6 minutes, and I yield the balance of the time to our distinguished Speaker for purposes of closing.

Mr. Speaker, we have had a good debate. I believe the Members have become understanding of not only the situation but of the legislation before us.

I want to particularly commend the staff of the Energy and Commerce Committee: Amy Hall, Yvette Fonteno, Christie Houlihan, Heather Foster, Jessica McNiece and Bridgett Taylor, who all did a superb job on behalf of the Congress.

I also want to thank Cybele Bjorklund, Deb Mizeur, Jennifer Friedman, Chad Shearer, Brian Biles, Bobby Clark, Debbie Curtis, Ed Grossman and Jessica Shapiro from the Ways and Means Committee staff. Their really valuable contribution did much to make this possible.

I want to commend my colleagues on the minority side, Mr. CAMP and Mr. McCRERY and Mr. BARTON, and my special friend, Mr. STARK, and the distinguished Chairman RANGEL for the superb job they have done. I also thank the subcommittee chairman in the Energy and Commerce Committee, Mr. PALLONE, for his outstanding job.

The legislation before us is really very simple. The issues before us are not procedure. Rather, they are: Are we going to take care of our kids?

For this Congress, this is perhaps the greatest opportunity we will have. We have three responsibilities to the country and to our kids: See that they are properly nourished, see that they are properly educated, and see to it that they have the health that they need so they can be meaningful contributors to the future of this country. It is not only a humanitarian and compassionate concern of this country, it is the future of the country.

I know the President has indicated that he thinks that this is bad legislation. I grieve that he has come to that conclusion. He has no reason to do so.

First of all, we have the pay-fors. We have taken care of the cost of this. We are seeing to it that, first of all, a modest tax on tobacco comes into play.

Second, we are seeing to it that HMOs that are getting as much as 30 percent more than other HMOs are going to get 100 percent of what other HMOs get, no more, no less. We are not taking anything away from senior citizens. I think we are just taking it out of the pocket of a few people who have too much in the HMO business.

Having said that, let's look to see who supports this legislation. I think that tells us as much or more as anything we can get. The NAACP, the AMA, the different health organizations, the hospital associations, the National Rural Health Association, the American Academy of Pediatrics, the March of Dimes, the Children's Defense Fund, and the National Governor's Association whose meeting I attended last weekend in Traverse City where a major concern was how are we going to provide them the means that they desperately need to provide for the health care for the children under CHIP? That was on the lips, the mind, and in the heart of every one of the governors who spoke there.

I would observe that the Catholic Health Association also speaks to this because they have a concern that this is the best way we can take care of the children and we can see to it that we give a decent right to life to every American.

I would offer to my colleagues, any or all of them, a list of those who do, the organizations who are supportive of this legislation; and I point out that you will find almost every organization that cares about kids or health or the well-being of our young people as supporters of this bill, including the great American labor organizations, the AFL-CIO and the UAW. That should speak clearly to us of the needs.

I would point out that there are a number of misunderstandings that have been stated here. It has been said this is going to raise costs and it is going to raise the amount that is paid to individual recipients. Not so. This is a program which is going to be governed by the costs which were fixed

when the legislation was first offered and first introduced and first put into law under the leadership of, for example, Newt Gingrich and Dick Armey. So it is not fiscally irresponsible.

The legislation is going to do something else. It is not going to take care of illegals, nor is it going to engage in any weird practices. If there are waivers given, and they can be given, they will be given in the same fashion as they were given before, and that is by this administration saying this is something that is justified, justifiable and proper and which will help kids. I will note that they have not been overly generous in giving those particular waivers.

So what we have a chance to do today, Mr. Speaker, and my friends and colleagues, is to take care of the kids, to support those who are least able to look to their own well-being and who are most defenseless and to suit them best for a healthy, growing adult life so they may contribute to a better, richer, stronger and safer America.

We are doing something else. We are seeing to it that we are compassionate, and we may best be judged by that because, in doing that, we are best looked at by being those who really care for those who have the least.

I urge my colleagues to vote for the CHAMP legislation. It is good. It is in the public interest.

I now yield to the distinguished Speaker. Madam Speaker.

The SPEAKER pro tempore. The gentlewoman from California, the distinguished Speaker of the House of Representatives, is recognized for 1 minute.

Ms. PELOSI. Mr. Speaker, as I rise here today, something after 6:30 p.m., I was reminded as I listened to the presentations of a poem that most of us memorized when we were young by Henry Wadsworth Longfellow:

Between the dark and the daylight,
When the night is beginning to lower,
Comes a pause in the day's occupations,
That is known as the Children's Hour.

That's this time of day. This is the children's hour. Because of the leadership of so many of our colleagues, we are able to meet our moral obligation to our children. It isn't a pause in our occupation. It is our mission, this moral obligation that we have to the future.

When I was sworn in as Speaker, I was surrounded by children. It was very exhilarating, and I called the House of Representatives to order on behalf of all of America's children, establishing this Chamber as the champion for our children and for the future.

Our legislation is called CHAMP because it does just that. It champions quality health care for America's children and for our seniors, strengthening families. It is just one way in which this new direction Congress is putting health care and particularly the needs of our children at the top of the Nation's agenda.

With the passage of this legislation, the new-direction Congress will ensure that 11 million of America's children receive health care coverage, and seniors will receive improved benefits under Medicare.

I want to join those of my colleagues who have expressed their appreciation for the exceptional leadership of our chairmen of the full committees and the subcommittees and the ranking members of the full committees and the subcommittees for the honest debate that we are having about this legislation today.

□ 1845

I think it's important to note, because it's history, that our distinguished chairman of the Energy and Commerce Committee, Mr. DINGELL, when he was a new Member of Congress gaveled down the Medicare bill. That's his family tradition, looking out for health care for all Americans. His father was a leader on that subject in this Congress, and imagine that he as a young Member, well still a young Member, but a younger Member of Congress, gaveled down Medicare. And today, he is in the lead on this legislation that will strengthen Medicare for America's seniors.

And at the same time, thank you, Mr. Chairman and Mr. RANGEL. Between the two of them, Mr. RANGEL and Mr. DINGELL, they had 22 hearings on the subject of SCHIP. So this Congress has had a thorough review of this subject, and this excellent legislation is the product of that.

I was inspired by your speech, Mr. RANGEL. You persuaded me, not persuaded me to vote for the bill. I always intended to do that, but persuaded me that it was possible that we might have a strong bipartisan support for this bill because it is so much the right thing to do.

I thank Congressman STARK and Congressman PALLONE, Chairs of the appropriate subcommittees of their committees, for their leadership, their intense knowledge of this subject, the judgment they were able to bring on decisions that we had to make about what would be in this bill. Thank you, Mr. STARK and Mr. PALLONE, and thank you again, Mr. RANGEL.

And I thank again Mr. MCCRERY for his, again, comity and the dignity and the knowledge that he brings to this debate. Thank you, Mr. MCCRERY.

And to all of the staff on both sides of the aisle, thank you for your hard work on this. Their efforts will help millions of American children and seniors live better lives.

SCHIP, created by a Republican Congress and a Democratic President, signed into law by President Clinton, SCHIP has dramatically reduced the number of poor, uninsured children in America. The legislation before us today will improve SCHIP and the lives of millions of working families in America by improving coverage for all 6 million children currently insured

under SCHIP and by extending that coverage to 5 million additional children. Those children will receive dental care and, thanks to Congressman Patrick Kennedy, mental health services.

Dental care, we so take it for granted for our own children, but after this legislation is passed, no more will we have the Demonte Driver where we have to have a situation like that where a child will die because he had an abscessed tooth that turned into a brain infection. We're all familiar with the details of that sad story. Today, we are doing something about it.

Let us be clear, most SCHIP beneficiaries receive their coverage through private managed care plans, not through the government.

And let us be clear, as the chairman just pointed out, this legislation is paid for; no new deficit spending, no heaping mountain of debt on these children to pay for the health care they so rightly deserve.

In addition to providing coverage to children, the CHAMP Act also, as we know, strengthens and improves Medicare for every senior by eliminating co-insurance requirements and deductibles for preventive care. Imagine that, for preventive care, how important that is. The legislation reduces copayments and provides for mental health parity, and many more seniors will no longer face the doughnut hole. Remember our old friend, the doughnut hole. Well, many more seniors will no longer face the doughnut hole in the prescription drug benefit. We do all of this and more for seniors and, I repeat, with pay-as-you-go budget rules and extend the life of the Medicare trust fund by 3 years.

By passing the CHAMP Act, the New Direction Congress is keeping our promise to seniors on Medicare and meeting our obligation to our future, our children. Again, and it is paid for. I can't say that enough.

The distinguished chairman of the Energy and Commerce Committee read a long list. There are pages and pages. I would submit them for the RECORD, except it would be very expensive to print. There are so many names that are endorsing this legislation. They range from the Children's Defense Fund, as was mentioned, the Catholic Hospitals Association, National Committee to Preserve Social Security and Medicare, the old, the young, everyone across the board, all the health organizations that administer to the needs of our children and our seniors.

I just say in conclusion, Mr. Speaker, as Pearl Buck said, "If our American way of life fails the child, it fails us all." With this CHAMP Act, we are not going to fail America's children. We are championing them and their grandparents.

This legislation has fiscal soundness. It has a values base, and it should have the support of everyone in this body.

Mr. VAN HOLLEN. Mr. Speaker, I rise in strong support of the CHAMP Act, the Children's Health and Medicare Protection Act.

The CHAMP Act reauthorizes and improves the very successful State Children's Health Insurance Program, SCHIP. Created in 1997 by Congress with broad bipartisan support, the SCHIP program currently covers 6 million children who otherwise would have no access to health insurance. Despite its many successes, there are still more than five million children who are eligible for SCHIP, but not yet enrolled in the program. This bill seeks to cover those vulnerable children.

Unfortunately, President Bush's proposal seeks to turn back the clock and take us in the wrong direction. The President has proposed funding SCHIP at a rate that does not even take into account any increases for inflation or population growth. Under the President's proposal, more than 1.5 million children will lose SCHIP coverage and many States, including Maryland, will continue to face funding shortfalls. Indeed, the non-partisan Congressional Budget Office, CBO, has confirmed that the President's proposal would be too little to keep covering the children who are currently enrolled in SCHIP.

In contrast to President Bush's proposal, this bill will extend coverage to an additional 5 million children who are currently eligible for SCHIP but are not yet enrolled. I am also pleased that the bill provides for guaranteed dental coverage in SCHIP—good oral health care is integral to the health of children and no child should have to suffer because they cannot access adequate dental care. No family should have to suffer the loss of a child because they lack access to dental care, as happened in the tragic case of Deamonte Driver, a 12-year old Marylander who died earlier this year when an infection from an untreated abscessed tooth spread to his brain. I am also pleased that this bill provides important mental health coverage for children.

The reauthorization and improvement of SCHIP will benefit the approximately 136,000 children who are currently enrolled in Maryland's CHIP program and prevent Maryland from facing further funding shortfalls in its SCHIP allotment as has been the case in recent years. The CHAMP Act will also provide essential funding to Maryland to enroll 68,000 children in families with incomes under 200 percent of the federal poverty level who remain uninsured. It will also provide Maryland with a new option to cover more than 65,000 children who are aging out of Medicaid and SCHIP. And because of the bill, Maryland will have an increase in its SCHIP allotment of \$99.7 million from last year, allowing it room to reach additional eligible but uninsured children.

Not so long ago, President Bush promised to expand coverage of SCHIP to include eligible children who are not yet enrolled. In his September 2004 speech to the Republican National Convention, the President stated—and I am quoting here, "America's children must also have a healthy start in life. In the new term, we will lead an aggressive effort to enroll millions of poor children who are eligible but not signed up for the government's health insurance programs. We will not allow a lack of attention, or information, to stand between these children and the health care they need."

Now, the President has reversed course. In his July 10, 2007, speech in Cleveland, Ohio, he forgot his 2004 pledge and stated, "I mean, people have access to health care in America. After all, you just go to an emergency room."

I hope the President will reconsider his position and help Congress provide health insurance to 11 million children who are one of the most vulnerable segments of our society.

In addition to reauthorizing SCHIP, the CHAMP Act makes improvements in Medicare that will strengthen that important program. The legislation reduces overpayments to Medicare Advantage plans, which are paid, according to non-partisan CBO and other independent entities analysis, on average, 12 percent more than the cost of care in traditional Medicare. This will increase Medicare's solvency by two years. In addition, the legislation prevents the impending physician reimbursement cuts and provides positive updates in 2008 and 2009. Also, the bill will increase Medicare beneficiaries' access to preventive services by eliminating co-payments and deductibles for current and future preventive benefits and authorizing Medicare to add additional preventive services.

The CHAMP Act also increases the tobacco tax by 45 cents to a total of 84 cents. Increasing the tobacco tax will save billions in health costs and is one of the most effective ways to reduce tobacco use, especially among children. In short, raising the tobacco tax will prevent thousands of children from starting to smoke and the proceeds of the tax will be used to expand health coverage for children. That is a win-win result.

Mr. Speaker, the clock is ticking. I urge all of my colleagues to vote for this much needed legislation.

Mr. LANGEVIN. Mr. Speaker, I rise in support of H.R. 3162, the Children's Health and Medicare Protection Act. I know that this was not an easy piece of legislation to put together and I appreciate the hard work of my colleagues on the Committees on Rules, Energy & Commerce and Ways & Means.

This bill is an important step in addressing the health care crisis faced by millions of families. Access to affordable insurance and quality preventive care is critical to the well-being and security of all Americans. The CHAMP Act will ensure that all eligible children are afforded the opportunity to enroll in State Children's Health Insurance Programs and takes important steps to improve efficiency and secure the solvency of the Medicare program, relied on by so many of our seniors.

The State Children's Health Insurance Program SCHIP, known as Rite Care in Rhode Island, has made health insurance a reality for over 12,000 children in my home State this year—the majority of them in families where one or more adult is part of the workforce. It is a critical component of health care delivery in Rhode Island, as it is across the country. I am so honored to be part of a Congress that is taking steps to ensure that all children who are eligible for this program are able to participate. By reauthorizing the SCHIP program, we renew our national commitment to achieving the goal of insuring all children whose parents cannot afford private health insurance coverage.

This bill also contains important components for Medicare beneficiaries. The elimination of overpayments to private plans that participate in Medicare delivery is a necessary step to increasing efficiency of this program. This action will go a long way in preventing premium increases for Medicare beneficiaries and will strengthen Medicare's finances for the future. While we still have work to do in improving

certain aspects of the Medicare program—particularly the prescription drug benefit—this bill will ease the process for seniors who wish to change their prescription drug plan, and it will increase access to preventive services, saving lives and money.

Finally, I would also note that this legislation contains a fix to the scheduled 10 percent cut in physician payments under Medicare. I am pleased to support this fix and look forward to working with my colleagues to craft a permanent solution to the flawed funding formula that continues to recommend such cuts. We cannot offer high quality health care to our Nation's seniors if health care providers cannot afford to see Medicare patients.

I am pleased that this Congress has made access to health care a priority, particularly for our Nation's children and seniors. I urge all my colleagues to vote in favor of the CHAMP Act.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank the gentleman for yielding. Mr. Speaker, I rise in strong support of H.R. 3162, which represents the agreement between the House and Senate on the "Honest Leadership and Open Government Act of 2007," which the House passed in May 2007. With the adoption of this legislation, we begin to make good on our pledge to "drain the swamp" and end the "culture of corruption" that pervaded the 109th Congress.

It is critically important that we adopt the reforms contained in H.R. 3162 because Americans are paying for the cost of corruption in Washington with skyrocketing prices at the pump, spiraling drug costs, and the waste, fraud and no-bid contracts in the Gulf Coast and Iraq for Administration cronies.

The cozy relationship between Congress and special interests we saw during the 109th resulted in serious lobbying scandals, such as those involving Republican super lobbyist Jack Abramoff. In this scandal, several congressional staff members and a former congressman pleaded guilty to conspiring to commit fraud—accepting all-expense-paid trips to play golf in Scotland and accepting meals, sports and concert tickets, while providing legislative favors for Abramoff's clients.

But that is not all. Under the previous Republican leadership of the House, lobbyists were permitted to write legislation, 15-minute votes were held open for hours, and entirely new legislation was sneaked into signed conference reports in the dead of night.

The American people registered their disgust at this sordid way of running the Congress last November and voted for reform. Democrats picked up 30 seats held by Republicans and exit polls indicated that 74 percent of voters cited corruption as an extremely important or a very important issue in their choice at the polls.

Ending the culture of corruption and delivering ethics reform is one of the top priorities of the new majority of House Democrats. That is why, as our first responsibility in fulfilling the mandate given the new majority by the voters, Democrats are offering an aggressive ethics reform package. We seek to end the excesses we witnessed under the Republican leadership and to restore the public's trust in the Congress of the United States.

Mr. Speaker, Federal lobbying is a multi-billion dollar industry, and spending to influence members of Congress and executive branch officials has increased greatly in the last decade. While the Lobbying Disclosure Act of

1995, LDA, is one of the main laws to promote transparency and accountability in the federal lobbying industry and represents the most comprehensive overhaul of the laws regulating lobbying practices in 50 years prior to 1995, it falls far short of a complete solution, as even recognized by its staunchest supporters, during congressional hearings on the issue.

The need for further reform was highlighted by a major study of the federal lobbying industry published in April 2006 by the Center for Public Integrity, which found that since 1998, lobbyists have spent nearly \$13 billion to influence members of Congress and other federal officials on legislation and regulations. The same study found that in 2003 alone, lobbyists spent \$2.4 billion, with expenditures for 2004 estimated to grow to at least \$3 billion. This is roughly twice as much as the already vast amount that was spent on federal political campaigns in the same time period.

The LDA contains a number of measures to help prevent inappropriate influence in the lobbying arena and promote sunshine on lobbying activities. However, according to the Center's study, compliance with these requirements has been less than exemplary.

For example, the report found: during the last six years, 49 out of the top 50 lobbying firms have failed to file one or more of the required forms; nearly 14,000 documents that should have been filed are missing; almost 300 individuals, companies, or associates have lobbied without being registered; more than 2,000 initial registrations were filed after the legal deadline; and in more than 2,000 instances, lobbyists never filed the required termination documents at all.

Under the LDA, the Secretary of the Senate and the Clerk of the House must notify in writing any lobbyist or lobbying firm of noncompliance with registration and reporting requirements, and they must also notify the U.S. Attorney for the District of Columbia of the noncompliance if the lobbyist or lobbying firm fails to respond within 60 days of its notification. It appears that until very recently, however, these cases of noncompliance were not being referred to the Department of Justice for enforcement. It is also clear that the infractions that are actually being investigated by the Secretary or the Clerk do not coincide with the extent of noncompliance, and it is entirely unknown whether enforcement actions are being effectively pursued by the Department of Justice. Clearly, further reform is needed.

Mr. Speaker, I commend the leadership of Speaker PELOSI and her team for the excellent work in preparing this lobbying reform package. The reforms contained in the package are tough but not nearly too tough for persons elected to represent the interests of the 600,000 constituents in their congressional districts. Indeed, similar bipartisan lobbying and government reform proposals were debated and passed by the House and Senate in 2006 but the Congress failed to reconcile the two versions.

Mr. Speaker, I support H.R. 3162 because it closes the "Revolving Door," requires full public disclosure of lobbying activities, provides tougher enforcement of lobbying restrictions, and requires increased disclosure.

H.R. 3162 closes the "Revolving Door" by retaining the current one-year ban on lobbying by former members and senior staff and requires them to notify the Committee on Standards of Official Conduct within three days of

engaging in any negotiations or reaching any agreements regarding future employment or salary. The members' notification will be publicly disclosed.

The bill also requires members and senior staff to recuse themselves during negotiations regarding future employment from any matter in which there is a conflict of interest or an appearance of a conflict.

Mr. Speaker, this legislation also ends the "K Street Project," made notorious during the 12 years of Republican control of Congress. Members and senior staff are prohibited from influencing employment decisions or practices of private entities for partisan political gain. Violators of this provision will be fined or imprisoned for a term of up to 15 years.

Second, H.R. 3162 requires full public disclosure of lobbying activities by strengthening lobbying disclosure requirements. It does this by mandating quarterly, rather than semi-annual, disclosure of lobbying reports. It covers more lobbyists by reducing the contribution thresholds from \$5,000 to \$2,500 in income from lobbying activities and from \$20,000 to \$10,000 in total lobbying expenses. It also reduces the contribution threshold of any organization other than client that contributes to lobbying activities to \$5,000, \$10,000 under current law.

Third, the legislation increases disclosure of lobbyists' contributions to lawmakers and entities controlled by lawmakers, including contributions to members' charities, to pay the cost of events or entities honoring members, contributions intended to pay the cost of a meeting or a retreat, and contributions disclosed under FECA relating to reports by conduits.

Fourth, the bill requires the House Clerk to provide public Internet access to lobbying reports within 48 hours of electronic filing and requires that the lobbyist/employing firm provide a certification or disclosure report attesting that it did not violate House/Senate gift ban rules. And it makes it a violation of the LDA for a lobbyist to provide a gift or travel to a member/officer or employee of Congress with knowledge that the gift or travel is in violation of House/Senate rules.

Transparency is increased by the requirements in the bill that lobbyists to disclose past Executive and Congressional employment and that lobbying reports be filed electronically and maintained in a searchable, downloadable database. For good reason, the bill also requires disclosure of lobbying activities by certain coalitions but expressly exempts 501(c) and 527 organizations.

Finally, Mr. Speaker, H.R. 3162 increases civil penalties for violation of the Lobby Disclosure Act from \$50,000 to \$200,000 and adds a criminal penalty of up to 5 years for knowing and corrupt failure to comply. Finally, the bill requires members to prohibit their staff from having any official contact with the member's spouse who is a registered lobbyist or is employed or retained by such an individual and establishes a public database of member Travel and Personal Financial Disclosure Forms.

Mr. Speaker, it is wholly fitting and proper that at the beginning of this new 110th Congress, the Members of this House, along with all of the American people, paid fitting tribute to the late President Gerald R. "Jerry" Ford, a former leader in this House, who did so much to heal our Nation in the aftermath of Water-

gate. Upon assuming the Presidency, President Ford assured the Nation: "My fellow Americans, our long national nightmare is over." By his words and deeds, President Ford helped turn the country back on the right track. He will be forever remembered for his integrity, good character, and commitment to the national interest.

This House today faces a similar challenge. To restore public confidence in this institution we must commit ourselves to being the most honest, most ethical, most responsive, most transparent Congress in history. We can end the nightmare of the last 6 years by putting the needs of the American people before those of the lobbyists and special interests. To do that, we can start by adopting by H.R. 3162.

Ms. CORRINE BROWN of Florida. Mr. Speaker, today I rise in strong support of the CHAMP Act. The CHAMP Act is another achievement that the Democratic Congress can point to that is fulfilling the needs of the American people.

In my home State of Florida, KidCare—Florida's CHIP program—covered 303,595 children in 2006, but 718,603 children remain uninsured. The CHAMP Act could provide Florida with approximately \$2.54 billion in new federal funding and an opportunity to get more children covered. States like Florida need to step up to the plate and fund their CHIP program to the fullest extent.

The CHAMP Act would provide continued health insurance to six million children already covered and add an additional five million children who currently lack health insurance nationwide. That alone should be enough to vote for this bill, but the Republicans continue to play political games.

Fortunately, the Republicans have no ground to stand on this bill and they know it. They are trapped in a corner crying about tax increases instead of supporting health care for five million children. Let me tell you, this is why your party is no longer in control—you've stopped listening to the people.

Opponents also say this is a fiscally irresponsible bill. Let me say that your party doesn't understand fiscal responsibility. The Republican party has run up the largest deficits in history and they call this bill fiscally irresponsible. We have spent over \$600 billion on the President's war in Iraq and we can't spend less than \$3.50 a day to cover a child through CHIP. Seventy-six percent of Americans believe that access to health insurance is more important than cutting taxes.

This bill will be one of the most important healthcare issues this Congress will deal with and the American public will know who voted for it. The number of uninsured children in the country is an embarrassment. The Democrats are making the American public a priority again and I encourage all of my colleagues to support this bill and vote for the children.

Mr. ORTIZ. Mr. Speaker, today's CHAMP bill is one of the best pieces of legislation the house has considered in a decade. It illustrates the difference between how this Congress writes legislation and how the Republican Congress wrote bills; today's bill favors children, the Republican bill favored insurance companies.

This bill will provide health care to 11 million kids—five million who currently lack health insurance and six million who are currently covered by the Children's Health Insurance Pro-

gram, SCHIP—by reauthorizing and improving SCHIP. In Texas, more than 120,000 will benefit.

This bill also reverses the Republican drive to privatize Medicare and strengthens Medicare to: ensure beneficiaries' access to their doctors; expand preventive benefits, mental health services and physical, occupational and speech therapies; reduce costs for seniors and people with disabilities with low incomes; protect consumers; and extend policies that protect access to health care in rural communities.

Congress created SCHIP in 1997 with broad bipartisan support. This year, six million children have health care because of SCHIP. The program has worked well in Texas. This is an excellent investment for this Nation given that health care costs without insurance would be much more expensive.

The funding for SCHIP expires September 30. If Congress does not act, these six million children will no longer have access to quality, affordable health insurance. These children are in working families with parents who either cannot afford insurance or hold jobs that lack health care benefits.

The President highlighted his support for SCHIP while running for re-election in 2004, yet the Bush Administration and our Republican colleagues propose underfunding the program significantly, which would cause millions of children to lose coverage.

The CHAMP Act protects Medicare from privatization and promotes fiscal responsibility by reducing overpayments to private plans. Current overpayments to private plans cost taxpayers tens of billions of dollars. According to nonpartisan analysts, private plans are paid, on average, 12 percent more than traditional Medicare—and overpayments to certain plans exceed 50 percent.

These overpayments are the result of a decade-long campaign by President Bush and Republicans in Congress to privatize Medicare by undermining traditional Medicare and promoting private insurance. Republicans believe that the greater the number of beneficiaries enrolled in private plans, the easier it will be to privatize Medicare.

The CHAMP Act guarantees seniors and people with disabilities can continue to see their doctors by preventing scheduled physician payment cuts from taking place.

The CHAMP Act extends expiring provisions that, if left unchanged, would negatively affect rural beneficiaries' access to physicians, hospitals, home health, ambulances, and lab services—all of which are important to south Texas.

The bill also adds important consumer protections to Medicare. It provides States with the authority to regulate private plans' marketing abuses and increases penalties for violations, enables all beneficiaries to switch Part D plans if plans alter their formulas. This empowers low-income beneficiaries to change plans at any time. It also requires greater quality reporting to ensure patients are getting the best care available.

I urge my colleagues to support this important bill—and I encourage the President to do the right thing and sign it, our children and their grandparents are waiting.

Mr. CONYERS. Mr. Speaker, I rise in strong support of H.R. 3162, the Children's Health and Medicare Protection Act (CHAMP Act). This legislation will reauthorize the State Children's Health Insurance Program, ensuring

that millions of children receive the care they need, and will protect Medicare for America's seniors.

Even though I support this legislation, I rise today with a heavy heart. It is nothing short of a disgrace that here, in the wealthiest country on earth, eight million children lack health insurance coverage. We ought to be ashamed that we are having this debate at all.

I am absolutely stunned that Congressional Republicans and the President are opposing this legislation, particularly in light of the fact that the President used CHIP as part of his campaign platform in 2004. Talk about shock and awe! I am shocked beyond belief that they can stand before the American people with straight faces and refuse health care for children. I am in awe of the gall required to base the denial of these vital, life-saving services on an ideological talking point. Madam Speaker, the ideology of my colleagues on the other side of the aisle has not provided health care for these children yet. It is impossible for any serious person to believe that if this legislation is defeated the Republican ideology will suddenly start working its magic and provide health care for these children whose parents can't afford to buy it in the open market.

In my years fighting for universal health care, we have often said, "Covering children is easy. How could anyone publicly refuse to support coverage for children?" It was coverage for adults that was always perceived as the real challenge.

But today, the Republicans have stooped lower than even I thought was possible. Not only are they saying "We can't afford to give our children health care." This is the same party, by the way, that finds money for tax cuts for the rich, that finds money to fund a disaster of a war. Many times more money than what is needed to cover these children, in fact.

Not only are the Republicans admitting that they prioritize tax cuts for the wealthy and feeding the military industrial complex over insuring our children. They are now standing before the American people and saying "It is not our job to guarantee health insurance coverage for America's children." They are refusing to make that promise. Instead, they propose that our children's health should be subject to the ups and downs of the stock market, that it should depend on their parents' employment status, or how much they have in a bank account. It is utterly beyond conception how the Republicans can possibly think these ideas will be accepted by the American people. But I will leave my colleagues on the other side of the aisle to face the repercussions of this folly next November.

Let me move on to a more positive subject: the bill under consideration today, which we will pass over these shameful objections. The Children's Health and Medicare Protection Act, also known as the CHAMP Act, reauthorizes the State Children's Health Insurance Program (CHIP) and protects coverage for 6 million children, including 89,257 in Michigan, while extending health care coverage to another 5 million low-income children. All told, this bill will ensure essential health care coverage for 11 million of our most vulnerable children.

The Children's Health and Medicare Protection Act also makes needed fixes to the Medicare program. It stops a 10 percent payment cut to doctors, thereby ensuring that I, we seniors will continue to have access to the doc-

tors of their choice. It encourages seniors to seek preventive health benefits by eliminating co-payments and deductibles for these services. The bill protects low-income seniors by expanding and improving programs that help keep Medicare affordable for those with lower incomes. It stops overpayments to HMOs that are draining money away from health care and into their profit margins. And it also shores up Medicare's finances by extending the solvency of the Medicare Trust Fund by two years.

Failing to pass this legislation would have real consequences for children and seniors. If the State Children's Health Insurance Program is not reauthorized by September 30th, 2007, millions of children could lose their health insurance. Seniors will lose access to their doctors and pay higher Medicare premiums to subsidize overpayments to HMOs. I find it quite interesting that we haven't heard these so-called fiscally responsible Republicans lamenting the fact that their friends in the HMO industry are overbilling our government to line their pockets. It seems that fiscal responsibility only applies when poor children are on the receiving end.

Let's defeat the sham S-CHIP bill offered by Representatives BARTON, SHIMKUS and BLACKBURN that would leave millions of children without health care while slashing Medicare and harming our seniors. Let's tell the White House and Congressional Republicans that it's time to stop playing political games. Let's tell them it's time to work together to ensure more children across the country have the high-quality medical care they deserve and strengthen Medicare for our seniors. They might not be able to understand that it's the right thing to do, but the American people certainly will.

Mr. UDALL of Colorado. Mr. Speaker, I rise in strong support of this bill.

Dr. Martin Luther King, Jr. said "of all the forms of inequality, injustice in health care is the most shocking and inhumane." The CHAMP Act addresses many problems that we currently have in our health care system. It does not end health care inequality, but it will increase coverage for low income children, and it will stave off payment cuts for hard-working physicians, while increasing choices for seniors and strengthening traditional Medicare.

I believe that health care should be a right, not a privilege, and this act is a step in the right direction. The Children's Health Insurance Program (CHIP) is set to expire on September 30, 2007. This year, six million children have health care because of CHIP. If Congress does not act, these six million will no longer have access to quality, affordable health insurance. This legislation also provides coverage for an additional 5 million children who currently qualify but who are not yet enrolled under CHIP. These children are in working families with parents who either can't afford insurance or have jobs that lack health care benefits.

Despite claims by some, this bill does nothing to "expand" the CHIP program. Instead, it maintains current eligibility requirements for CHIP. The majority of uninsured children are currently eligible for coverage—but better outreach and adequate funding are needed to identify and enroll them. This bill gives states the tools and incentives necessary to reach millions of uninsured children who are eligible for, but not enrolled in, the program.

It has been said that the CHAMP Act creates an entitlement for illegal immigrants. But in fact the CHAMP Act does not change existing law, which states that undocumented immigrants are not eligible for CHIP or regular Medicaid. And the CHAMP Act explicitly states that it provides no federal funding for Medicaid or CHIP for undocumented immigrants and requires audits of all State programs to ensure that federal funds are not being spent on undocumented children.

The CHAMP Act will protect and improve Medicare by increasing fiscal responsibility and ensuring access to doctors for seniors and those with disabilities. Currently experts agree that Medicare Advantage (MA) plans receive, on average, 12 percent more than the cost of care in traditional Medicare. Overpayments to certain plans can exceed 50 percent. By phasing out these overpayments over the next four years the Congressional Budget Office estimates that billions of dollars will be saved each year. While, increasing the solvency of Medicare and simultaneously reversing the catastrophic 10% payment cuts to physicians who serve Medicare patients. By reducing overpayments to Medicare Advantage plans, wasteful spending will be reduced while increasing patient access to physicians.

Medicare Advantage plans originally sought to give beneficiaries more choices at a lower cost. However, overpayments to MA plans do not increase benefits but rather pay for the administrative costs, marketing costs and profits for private plans. The CHAMP Act levels the playing field by decreasing premiums for those enrolled in traditional Medicare.

By curbing the overpayments to Medicare Advantage plans, this legislation decreases the cost for preventative health services for seniors, eliminating co-payments and deductibles for these vital services while saving lives and money. Further, this bill includes \$3 billion for the rural health care safety net. This ensures access to quality care for those in rural America.

The health of our children is vital to the success of our society. The CHAMP act will raise the federal tobacco tax by 45 cents. According to the Campaign for Tobacco-Free Kids, a 45-cent increase means that 1,381,000 fewer children will take up smoking. Adults, too, would be less likely to smoke, which means fewer smoking-related illnesses and lower health costs. Estimates are that this tobacco tax increase will result in long-term health savings of \$32.4 billion and 669,000 fewer smoking related deaths.

The CHAMP Act has the support of the American Medical Association, American Association of Retired Persons, Catholic Health Association, National Rural Health Association, American Hospital Association, Federation of American Hospitals, American Nurses Association, Families USA, National Partnership for Women and Families, Children's Defense Fund, Child Welfare League of America, and the National Committee to Preserve Social Security & Medicare.

I am proud to vote for this bill that seeks to protect those that are most vulnerable in our society by increasing health insurance coverage for low-income children and protecting and improving coverage for those enrolled in Medicare and Medicaid.

Mrs. MCMORRIS RODGERS. Mr. Speaker, I rise in opposition to the Rule. Mr. Speaker, I strongly believe we must ensure access to

quality and affordable health care; this has been a top priority for me as eastern Washington's Representative in this House. I wholeheartedly support renewing the SCHIP program, which was originally created under Republican control of Congress in a bipartisan fashion. Ensuring health care for low income children who need it the most should be our priority.

I also wholeheartedly support access to health care for seniors—but unfortunately, because of partisan politics, a vote for this proposal is a vote to kick over 157,000 seniors off their Medicare advantage plans in Washington state.

Further, if this rule and this bill pass the House today, two hospitals in my district, North Valley Hospital in Tonasket and Mid-Valley Hospital in Omak, would be forced to close their doors to our community.

These hospitals were started by concerned physicians who banded together to provide health care in a remote region that is largely comprised of Medicare and Medicaid beneficiaries. This bill forces these doctors to sell their "share" of the hospital—which is less than 1 percent a piece—because it incorrectly assumes they are unethically self-referring patients.

That may be a problem in other parts of the country but not in Okanogan County. These two hospitals are the closest hospitals within 5,000 square miles and serve the county's 40,000 residents. There has to be a better way to prohibit unethical practices. Shutting down the only vehicle for health care delivery is not the answer, which is why I cosponsored an amendment to this rule that would have allowed these hospitals to continue to serve all residents—from kids to seniors—in Okanogan County. Unfortunately, this amendment was not allowed under the Democratic leadership.

Not only does this bill devastate the already delicate rural health care infrastructure in parts of eastern Washington, but it cuts deep in the pocket of seniors in order to pay for a runaway expansion of this children's health program that covers a 25-year-old adult.

Proponents of this bill might argue that it is necessary to kick seniors off of their Medicare plans in order to cover poor children. I would then ask them: do you consider a family of four making \$82,000 dollars a year, a poor family? That is who we are covering here.

In eastern Washington alone, over 10,000 seniors would lose their choice in Medicare coverage to pay for this reckless expansion. They will be forced to find and pay out of pocket for their own prescription drug plans, pay for rapidly increased premiums, lose direct senior services, and have a harder time finding a primary care doctor because most prefer the Medicare Advantage payment rate.

Meanwhile, this rule and the underlying bill will make it easier for illegal immigrants to get health care—funded on the backs of middle class families and small businesses. Not only do this bill and the underlying rule slash \$193 billion from seniors' health care, but its stealth tax increases will draw off money from every American with a health insurance plan. This rule endangers seniors in my community—Mr. Speaker, we can and must do better.

Mr. BOUSTANY. Mr. Speaker, I rise in opposition to H.R. 3162. Last night, I offered an amendment in the Rules Committee that would require states to report their plan to target the lowest income families for enrollment

first and to report their plan to avoid displacing private insurance coverage that families already enjoy. Unfortunately, the Majority does not want to encourage states to work to cover the neediest children first.

Many low income families in hurricane damaged areas of my own district remain eligible but not enrolled in SCHIP. According to the State of Louisiana, more than 68,000 children in families that make less than 200 percent of the federal poverty level remained eligible but unenrolled in SCHIP as of May 2007.

Instead of targeting sufficient outreach to low income families, the bill wastes scarce outreach dollars by encouraging states like New York to enroll families making more than \$82,000 who already have insurance. Research by the Kaiser Family Foundation shows that half of the children in families making 300 percent above the federal poverty level who currently have private insurance could be pushed out of that coverage and onto new government programs.

The bill also harms rural seniors who will be harmed by cuts to Medicare Advantage. Don't forget that more than 2,000 seniors in Calcasieu Parish lost coverage after Washington's last cuts to that program, and now Washington is poised to do it again.

Scarce federal tax dollars should be used to target the neediest children first. I urge my colleagues to oppose the bill.

Ms. DEGETTE. Mr. Speaker, as co-chair of the bipartisan Congressional Diabetes Caucus, one of the largest House Caucuses—with over 250 members, I want to highlight the increased investment in diabetes research included in the "Children's Health and Medicare Protection Act." As the single most costly chronic disease in the United States, diabetes places a tremendous economic burden on our country, costing more than \$132 billion annually and accounting for one out of every three Medicare dollars.

Diabetes inflicts an enormous personal toll on individuals and their families. Individuals with diabetes have more than twice the prevalence of disability from amputation, loss of vision, and other serious complications such as stroke, kidney failure and heart disease. Even with continuous and vigilant management, patients are still susceptible to developing serious, long-term complications.

Absent a significant federal investment in conquering this disease, the personal and economic toll of diabetes will continue to grow. It is estimated that one out of every three children who are born in the year 2000 will develop diabetes during their lifetime.

Despite this alarming trend, real advances are being made and tremendous research opportunities exist, in large part due to the Special Statutory Funding Program for Type 1 Diabetes Research which was originally created as a provision of the State Children's Health Insurance Program in 1997. This program has produced tangible results that are improving people's lives today as we continue towards our ultimate goal of a cure. However, unless this program is reauthorized, there will be a 35% reduction in federal support for type 1 diabetes research.

Chairman DINGELL, I want to thank you for including a one year extension at current funding levels for this program. I know that difficult choices had to be made to accomplish multiple goals within a tight budget, and his support for this critical program is greatly appreciated.

It is important to note, however, that because the program has previously provided continuity of funding over multiple years, the National Institutes of Health has been able to support longer-term, innovative research projects that have led to significant advances. Such efforts would not be continued if the program was not extended for multiple years.

I am committed to continuing my work with Chairman JOHN DINGELL and the rest of my colleagues on this issue to ensure that we can adequately fund this program in upcoming years.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise in support of H.R. 3162, the Children's Health and Medicare Protection Act.

Texas has the highest rate of uninsured children in the nation. Twenty-five percent of Texas kids have no health insurance.

The Texas state legislature has done a great disservice to these children, and they are working to remedy the problems but have a long way to go.

The Federal Government can help by expanding SCHIP so that States can enroll more kids into the program. These are children of the working poor.

I support generous expansion of this program.

Children with health insurance are more likely to be up to date on immunizations and to receive treatment for sore throats, ear aches and other illnesses.

Good health means fewer sick days and better school performance—and less burden on our emergency rooms.

I urge my colleagues to avoid delay in passing this bill, that is critical for the health of so many children.

Mrs. JONES of Ohio. Mr. Speaker, the House Ways and Means Democrats have put our nose to the grindstone and produced a well-balanced piece of legislation that will ultimately provide necessary and much improved care for both children and seniors.

Along with providing health care to 11 million children, including five million who currently lack health insurance, it eliminates pending physician cuts in 2008 and 2009 and enacts a positive .5 percent increase in both years, providing for stability in reimbursement and ensuring that beneficiaries can continue to see the doctor of their choice. Additionally, the legislation expands preventive benefits including mental health services and physical, occupational and speech therapies, and reduces costs for seniors, people with disabilities and low incomes.

Some of the most encouraging provisions of this legislation relate to health disparities. The legislation provides both incentives and instructions to our national health care providers on addressing the critical and debilitating phenomenon of health care disparities in the minority community. For the first time we identify, codify and target health care disparities with a goal toward eradicating these problems. Additionally, the bill proposes significant changes to the treatment of patients in End Stage Renal Disease and I have proposed a study on its impact on the African American community. Through this study we will learn how best to provide this most critical service to some of the nation's most vulnerable patients.

I am pleased that we were able to secure a Medicare waiver for the Ireland Cancer Center of University Hospital Health Systems that will

allow them to provide immediate care to Medicare patients upon operation.

While I do have some concerns regarding provisions regarding wheel-chair access, oxygen and imaging services, I am confident that as we move toward enhancing our healthcare systems that these issues will be adequately addressed.

Mrs. BIGGERT. Mr. Speaker, I rise in opposition to the CHAMP Act.

I am a strong supporter of the State Children's Health Insurance Program—or SCHIP as it is commonly called. In my State of Illinois, there are approximately 167,000 low-income children who are enrolled in the program. Many of these children are in families where their parents work hard each month to make ends meet. And for many of these families, SCHIP is the safety net they need when they cannot afford private health insurance.

I support reauthorization of the SCHIP Program when the goals of the reauthorization are to cover low- to moderate-income children that do not already have health insurance. However, I cannot support legislation that will provide government-sponsored insurance for higher-income families at the expense of seniors.

The legislation we are considering today would allow States to cover children and adults well above the poverty level. A little-known provision in current law known as "income disregard" allows States to determine what is and is not income for the purposes of determining eligibility. This loophole allows States to provide SCHIP coverage to a family of four making more than \$72,000 a year, or 350 percent of the Federal poverty level. While \$72,000 a year may not get you on the cover of *Forbes* magazine, it is a level that most Americans would agree is above poverty.

For families with private health insurance making \$72,000 a year, this legislation would provide them with an incentive to shift from their private insurance to the Government program. And who can blame them? But I don't think that the taxpayers in my district would support a bill that shifts individuals from private insurance to Government programs.

To expand coverage to middle-income families, the legislation would cut coverage to seniors in the Medicare Advantage program. In my district, there are more than 5,000 seniors who are enrolled in Medicare Advantage plans. I often hear about the additional benefits that these individuals enjoy that are otherwise unavailable or available at a much higher cost.

We should not be forced to choose between seniors and children—particularly when the majority does not allow the minority to properly review the legislation, debate it in the committee or on the floor, or allow amendments and alternative ideas to be considered.

I support reauthorizing the SCHIP program when that legislation is focused on the most vulnerable population—the population the program was intended to help—poor children. But I cannot support legislation that will eliminate coverage for senior in order to provide coverage to middle-income adults and children—many of whom already have health insurance.

I urge my colleagues to oppose this legislation.

Mr. MARKEY. Mr. Speaker, I rise today in strong support of the children's Health and Medicare Protection Act.

The United States has the highest gross domestic product in the world. We have the most advanced technology, the strongest research program, and for some, the best medicine in the world.

But last year, 18,000 Americans died because they were uninsured and did not have access to health care. Many of them were children.

Providing health care for poor children used to be a bipartisan issue. But today the Republicans say that they philosophically object to this bill claiming that it is a massive expansion of Government-run healthcare.

But this bill does not change the structure of the program that the Republicans voted for in 1997. The only explanation is that they philosophically object to spending the \$50 billion necessary to find and give healthcare to all 11 million poor, eligible children. What kind of philosophy is that?

President Bush used to talk about compassionate conservatism, but this debate has exposed a Republican Party that is neither compassionate nor conservative.

Instead, we are seeing some on the other side of the aisle choosing corporations over children. They demand that we continue Federal subsidies for their friends in the big, for-profit, insurance companies, while denying uninsured children the healthcare they need.

If you kick these Republicans in the heart, you'll break your toe.

I urge you to vote "yes" on this critical children's health bill.

Mr. TOWNS. Mr. Speaker, I believe that we have a good bill that will help provide needed health insurance for 5 million more low-income children, that helps us reduce health disparities, equalizes payments under Medicare to allied health professions, acknowledges the role of schools in health care service delivery and protects senior citizens from deceptive and aggressive marketing tactics by private Medicare sales people. I applaud the inclusion of health information technology in this bill. I have a draft bill in this area related to connecting medically underserved communities to reduce health disparities and I believe this bill could further that process.

I applaud this bill for making a number of efforts to collect racial and ethnic health data. Numerous groups including the Rand Corporation, the Congressional Black Caucus, and the Kaiser Family Foundation and others have stressed that efforts to reduce and eliminate racial and ethnic health disparities cannot proceed without comprehensive data collection.

I am pleased that this bill creates payment fixes under Medicare for a number of allied health professions, including midwives and marriage and family therapists. I had hoped a similar provision for physicians' assistants could have been included. However, this bill can address the ability of physicians to delegate hospice care to physicians' assistants without any further cost considerations.

I am particularly pleased that the overall tone of the bill is to help children improve their lives and their health by offering a guaranteed dental benefit and helping States enroll and retain more eligible children, including the children of legal immigrants. I am fully supportive of the idea of allowing "qualifying States" to use their CHIP allotments for Medicaid if that will cover more kids.

I believe that the attempt to categorize this bill as cutting Medicare is nothing more than

a sham. Thousands of seniors who need part "D" assistance will benefit from easier enrollment procedures. Almost 550,000 seniors in my State will be protected on limitations to out-of-pocket costs for prescription drugs. Companies have for 3 years overcharged Medicare from 19 to 70 percent and have told seniors that cutting these over payments will cut their benefits. That is simply not true. It is not necessary to choose between funding health care for children and health care for seniors. This legislation does both.

Urban and rural districts will benefit from the proactive approach in this bill to reach out to "hard-to-reach" communities to spread the word about enrolling in SCHIP. That makes good sense and is supported by a wide range of groups in our community, including the National Medical Association.

My city, State and many stakeholder groups are also fully supportive of simplifying the applications process and speeding up and streamlining eligibility determinations. In addition, States like New York that fund SCHIP beyond 200 percent of Federal poverty levels are appreciative of the ability to earn bonus payments available to States that have implemented 5 of 7 practices that would increase outreach, enrollment, and retention efforts.

In addition, I am supportive of the option to enroll children who would otherwise age out of Medicaid or CHIP.

The majority tried very hard to include all medically necessary services, but cost factors did not make that fully possible. Indeed, I am appreciative that you were able to include dental and mental health services in this bill as a State mandate because these services are predictors of good health status. In fact when these services are not readily available it can be tragic. We witnessed the unfortunate demise of young Deamonte Driver in Maryland from a tooth abscess this past winter, preventable by extracting a tooth at the cost of about \$80. Instead, he suffered a brain infection that cost the system \$250,000 in surgery bills and Deamonte his life because he could not receive treatment in time. This bill will help avoid these types of tragedies.

I am very supportive of the creation of the Children's Access Payment and Equity Commission because I believe that with a good balance of commissioners, including those from medically underserved communities, we can more closely monitor access to care from these communities.

Other features of this bill that I fully support include: coverage of pregnant women; the increase for allowable resources for asset testing; continuous enrollment and the encouragement of culturally appropriate enrollment and retention practices.

I do, however, have a number of concerns. I am very concerned that New York's public hospital system stands to lose up to \$350 million if the moratorium on intergovernment tax transfers is not extended. In addition, our State and city will lose even more than that if we eliminate graduate medical education payments. I hope that we can work together to prevent this tragedy, not rust for my own State and city, but for others as well.

I am still concerned that we need to give a date certain to the Secretary of Health and Human Services to begin an additional compendia to support coverage of off-label uses of cancer drugs.

I am concerned that the freeze on payments to the home health industry will continue to have negative effects in my State and city.

I am also concerned that Medicare beneficiaries will not receive all of the necessary treatments available to them. Further, I would prefer they have the broadest formulary coverage so that seniors are not forced to switch to other medications which are not rated as therapeutic equivalents.

Mr. WELDON of Florida. I rise to express my opposition to the bill before us. As a physician who still sees patients I find this piece of legislation to be completely unacceptable and extremely irresponsible.

The Democrat majority—under the guise of providing insurance to uninsured lower-income children—has chosen to expand the State Children Health Insurance Program (SCHIP) far beyond its original intent of insuring low-income children. What is worse, they've chosen to pay for it by cutting benefits for Seniors and other Medicare beneficiaries by more than \$157 billion.

They have rushed this 500-page bill to the House floor without first allowing the committees of jurisdiction to fully debate and amend the bill. They introduced their bill last night just before midnight. Shortly after midnight, they added a 45-page amendment. This morning they made this available to Members of the House. Now they have only allowed two hours of debate and denied Members of Congress any opportunity to offer amendments to the bill. In fact, they are brazenly complaining that by giving Members time to read the bill, it would unnecessarily delay moving this bill forward.

What is so offensive about suggesting that Members of Congress have an opportunity to read the bill before being asked to vote on it? Why the rush? Why the secrecy? Why are they shutting down the legislative process and rushing this bill through before anyone can read it?

It is because they don't want the American people to know what they are doing until it is too late. And they don't want Members of Congress to know what they are voting on and what the true effects of the legislation will be.

They don't want the 780,000 seniors in the state of Florida—including over 40,000 seniors in my congressional district—to know that their Medicare benefits will be cut in order to provide health insurance to non-U.S. citizens, including illegal immigrants, and millions of children who already have health coverage.

They don't want 8 million seniors enrolled in Medicare Advantage plans across this Nation to know that their benefits are being cut so that the SCHIP program can be expanded to subsidize health care benefits for adults in states like New Jersey, some with annual incomes of \$80,000 per year.

They want to hide from America's seniors the fact that Medicare benefits are being cut in order to subsidize health care benefits to a new group of "children" who happen to be between 18 and 25 years of age.

They don't want seniors to know that budget experts in Congress estimate that nearly one-half of the children who will be signed up to the SCHIP program after this bill passes—using money that is being cut from Medicare—are simply dropping their private health care coverage in order to get the federal subsidy under the SCHIP program.

Earlier this year, I was troubled by the fact that Democrats planned to significantly expand

the SCHIP program and I offered an amendment in the House Appropriations Committee that would have focused the program so that states would first be required to ensure that all children in homes earning below 200 percent of the poverty level were covered. My amendment was rejected by the Democrat majority in that Committee who said they opposed it because my amendment would focus the program on serving uninsured children. They made it clear that they had no intent of focusing this program on lower income children, but rather planned to expand the program to those well above the poverty level and to include adults and non-citizens.

What else is in this bill that they are trying to hide from the American people?

They repeal the requirement that individuals must prove citizenship in order to enroll in Medicaid and SCHIP. This opens the program to fraud and the enrollment of illegal immigrants. In 2006, the Inspector General (IG) of the Department of Health and Human Services found that 46 states allowed anyone seeking Medicaid or SCHIP to simply state they were citizens. The IG found that 27 states never sought to verify that enrollees were indeed citizens. The Congressional Budget Office (CBO) estimates that repealing this requirement will cost \$1.9 billion.

The bill provides a bonus payment to states that choose not to implement an asset test for those enrolling in SCHIP. In other words, a family could hold assets of as much as \$1 million (a house, car, mutual fund) but could still qualify for SCHIP if their income for that year fell within the amount allowed for SCHIP enrollment. For example, a family of four living in a \$1 million home in New York with an annual income of \$80,000 could qualify for enrollment in SCHIP. And if New York does this—they get a bonus!

It is my understanding that this 500-plus-page bill imposes a tax on private health insurance. Certainly, they want to hide that from the American people.

Mr. Speaker, it is clear that they don't want the American people to know that they are creating a massive new entitlement program just at the time when the financial strains of the Social Security and Medicare entitlements are being stretched as Baby Boomers retire. They are putting this Nation on a path to bankruptcy by creating a huge new entitlement program that they have no way of sustaining long-term. This is the wrong time to be saddling the American taxpayers with a gigantic new program.

Additionally, I am concerned that this bill fails to secure the senior's long-term access to quality physicians. The 1997 Budget Act (a bill I voted against) created a formula that has resulted in payment to doctors being cut. As a result, today some doctors (typically the best doctors with the busiest practices) are starting to refuse to see new Medicare patients. This SCHIP bill does not fix this problem. It provides doctors with a 1 percent increase over 2 years then cuts doctor reimbursement by 12 percent in 2010 and 12 percent in 2011, or 23 percent over 2 years. The effect of these cuts could be devastating with many doctors facing the possibility of losing money when they see Medicare patients. The result will be seniors will not be able to see a doctor.

Mr. Speaker, I could go on about the additional cuts to Medicare, including cuts to the following Medicare benefits: home health, end

stage renal disease, oxygen therapy, imaging services, dialysis, and skilled nursing facilities.

By cutting Medicare and spending the money elsewhere, this bill will make the challenge of securing the long-term solvency of Medicare even more difficult.

Mr. Speaker, it is disappointing that the Democrat leaders have chosen to pit health care benefits for America's senior citizens against those of children. There is a better way. Had the Democrat leadership chosen to consider this bill under the regular legislative process, we could have worked through this in a bipartisan manner. Unfortunately, Speaker PELOSI has chosen to put politics before prudence. This bill goes far beyond the bill passed by the Senate, and the President has vowed to veto the House bill. This bill should be sent back to committee and debated in regular order. America's seniors, uninsured children, and the American taxpayer deserve better.

Mr. ETHERIDGE. Mr. Speaker, I rise reluctantly in opposition to the Children's Health and Medicare Preservation Act. I fully support the goals of this legislation—to provide healthcare to millions of uninsured children, to improve Medicare benefits for our seniors, and to help rural areas provide healthcare. Unfortunately, however, I cannot support legislation that unfairly impacts the second district and all of North Carolina with the burdens of this cost.

I have been a long-time supporter of the State Children's Health Insurance Program, or SCHIP, and I am proud that the Budget Committee on which I serve authorized the increase reflected in this bill. I support reauthorizing and strengthening SCHIP, without which nearly six million children will lose access to healthcare. In North Carolina, NC Health Choice provides cost-effective and high-quality health services to 250,000 at-risk children. An additional 180,000 uninsured children in North Carolina are eligible for coverage, and the \$50 billion in the budget I helped write would enable more of these children to be covered.

It is also vital that we enable physicians to provide health services, in SCHIP, Medicaid, and in Medicare. This legislation implements a 2-year fix that enables doctors to continue their participation in the program without going bankrupt. Without this fix, North Carolina physicians will lose \$460 million for the care of elderly and disabled patients over the next 2 years, and face a 1.6 percent geographic cut above the baseline reductions in other parts of the country. I appreciate Medicare physicians who have made many sacrifices to continue to cover the Medicare population, and without a fix this year doctors may start dropping out and refuse to see Medicare patients. We must maintain our commitment to universal coverage for our Nation's seniors and people with disabilities. This legislation takes a positive step in that direction.

There are many other positive provisions in this legislation: fixes that strengthen the Medicare Trust Fund, provide more access to preventative care, and provide lower premiums for many seniors; extensions for important rural health care initiatives that ensure access to care for people across the country, especially in the second district of North Carolina; support for the Special Diabetes Programs, which provide essential funding for research and innovative diabetes prevention activities for thousands of children in communities throughout the country; provides parity for

mental health coverage under Medicare; the list goes on and on. I understand what these improvements mean to the people of North Carolina, and I wholeheartedly support them.

These provisions have a cost, however, and as important as these priorities are we also must value the principle of fairness. I do not support smoking, and I have never smoked, but this bill is not fair to those who grow or use tobacco. The cigarette tax is regressive; falling hardest on those who can least afford it. Although it is a national tax, it also unevenly impacts the country, with North Carolina and a few other states footing the bill for the benefits the CHAMP Act seeks to deliver. North Carolina's citizens pay over four percent of the costs of this legislation while receiving about two percent of the benefit.

Researchers at North Carolina State University estimate that North Carolina's economy would lose at least \$540 million a year through the tax's indirect impact as well. North Carolina's tobacco farmers grow a legal crop. These hard working farm families have suffered greatly from transformations in the global economy. Because my district is the second largest tobacco producing district in the country, H.R. 3162 disproportionately affects my constituents who work hard to be able to pay their bills and provide a better life for their children. This just doesn't pass the fairness test.

Mr. Speaker, I wish I could support this bill for all of its laudable goals. I join with my colleagues in my desire to provide healthcare for children, strengthen Medicare and protect it from privatization, and improve health services for rural communities, diabetes patients, and others. When we are able to do so without placing undue burden on North Carolina's farmers and low-income families, I will gladly vote in favor of doing so. With the current funding mechanism, however, I cannot support this bill.

Mr. MORAN of Virginia. Mr. Speaker, Republicans have attacked a provision in the CHAMP Act that would allow states flexibility in how they verify the citizenship of the American children applying for or renewing coverage under Medicaid, claiming that language in the 2005 Deficit Reduction Act (DRA) that imposed harsher citizenship verification requirements on state Medicaid programs is the only barrier protecting taxpayer dollars from being spent on healthcare for illegal immigrants.

Empirical evidence from the first nine months of the implementation of this rule demonstrates, in fact, that the new requirements have denied tens of thousands of American children access to health care.

In my own state of Virginia, this draconian requirement has adversely affected thousands of U.S. citizen children, children who are among the most medically vulnerable in the state. In the first nine months of implementation, there was a net decline of more than 11,000 children enrolled in Medicaid. Had growth in enrollment continued at the same rate it had during the previous 2 years, the state would have seen a net increase of 9,000 poor children, suggesting that overall, at least 20,000 have been denied access to health coverage.

Among those who do receive coverage, the average wait time for processing has increased from sixteen days to four to six months.

Twenty-one other states also reported declines in enrollment since the implementation

of the DRA, including a net decline of 14,000 children in Kansas.

While the DRA's requirements have unfortunately limited access to care for so many low-income U.S. citizen children, they also have imposed enormous administrative costs on the states, our financial partners in this program. In Virginia, the number of "pending" cases awaiting further documentation skyrocketed from about 50 per month to 4000. The DRA requirements have made measures to increase the efficiency of the Medicaid application process (including mail-in, phone and on-line applications) impossible.

The DRA requirements don't seem to be succeeding in fulfilling its objective: in the first nine months of implementation, six states spent \$17 million implementing the DRA requirements, but only identified eight undocumented immigrants out of a total of 3.6 million Medicaid beneficiaries.

In addition, enrollment has fallen significantly in these states among white and African-American children, while enrollment among Latino children has increased—which would not be occurring if the provision were affecting undocumented immigrants, 78% of whom are from Mexico, Central America or South America, according to the Pew Hispanic Center.

The DRA requirements imposed substantial bureaucratic costs on the states, but have produced almost no cost savings. Instead, millions of dollars spent implementing the DRA requirements have served only to deny care to tens of thousands of American children.

The costs of care denied to low-income U.S. citizen children are passed on to taxpayers in the form of uncompensated emergency room visits and costs to treat the infectious diseases that these children may contract and unknowingly pass on while awaiting access to treatment.

The debate about CHAMP should be about the public health and improving the health of our children. Attacks on this provision come from Members who are grasping at straws, trying to come up with reasons to oppose this bill, which takes monumental steps to improve the health of low-income children in this country.

In a recent survey, 90 percent of parents applying for Medicaid for their children indicated that they have no other health coverage available. Allowing state flexibility in citizenship verification is sound public health policy that would enable thousands of American children access to vital health services to help them live better, healthier, and more productive lives. Because Medicaid is now the single largest cost to state taxpayers, we ought to make a concerted effort to support state flexibility.

State flexibility is widely supported. Twenty-four Senators signed letters to Chairman BAUCUS asking him to include this measure in the Senate's bipartisan SCHIP bill, and fifty-one other House Members joined me in requesting that Chairman DINGELL include this provision in the bill. I urge your support of this landmark legislation to protect the health of our most vulnerable low-income children, and your support of state flexibility in citizenship verification.

Mr. HERGER. Mr. Speaker, I rise in strong opposition to the "CHAMP Act." I do support averting the 10 percent cut in physician payments scheduled for next year, and I am pleased that the bill reforms the Medicare geo-

graphic cost payments index for California and holds rural counties harmless through 2010—although I would have preferred to see a permanent fix so that the physicians I represent do not face the prospect of a 5 to 7 percent cut a few years down the road.

However, I am very troubled by the overall thrust of the CHAMP Act, which is to expand big government health care at the expense of competition and consumer choice. This bill would effectively destroy the Medicare Advantage program, especially in rural areas like the district I represent.

I would like to read to my colleagues from a letter I received just the other day from one of my constituents, Kathleen Lopez of Marysville, California. Kathleen writes, "I chose a Medicare Advantage plan because I receive Social Security benefits less than \$700 net per month; our annual income hovers around \$20 thousand. This plan encourages preventive care, has Plan D Medicare, has some vision and dental coverage. . . . This type of plan eliminates costly monthly expenses for health coverage as well as prescription drug coverage." Over 4,500 other senior citizens in my district are receiving similar benefits. Most—if not all—of them will lose their benefits under this bill.

Mr. Speaker, not only does this bill sharply reduce incentives for Medicare Advantage plans to offer coverage to low-income rural seniors like Kathleen Lopez, it also imposes new constraints and regulations to prevent Medicare Advantage plans from offering better deals. The message of this bill is "Washington knows best." Instead of promoting competition and choice, we are going to push everybody into a one-size-fits-all plan.

That message is reinforced with the massive expansion of SCHIP that takes kids from middle-class and possibly even upper-class families off private insurance and puts them into a government program. Mr. Speaker, all of us support reauthorizing SCHIP. Everyone supports providing health care for low income children. But let us be clear: That is not the question we are discussing today. What we are debating is whether to turn SCHIP into a massive new entitlement under which every child in America—even if their families are well-off, even if they already have good health coverage—can become eligible for health care provided by the Federal Government.

Don't be fooled—this bill is the first step toward the Federal Government taking over health care. Some members who were closely involved in writing this bill have even openly stated their support for creating a government-run health care system and literally banning market-driven health care providers. We have a decision before us: We can move toward a 21st-century, patient-centered health care system driven by competition, choice, and innovation. Or we can go backwards toward a system of socialized medicine, like the ones that are crumbling in Europe or the one that Canadian doctors come to our country to escape.

Mr. Speaker, this bill goes in the wrong direction, and I urge my colleagues to reject it.

Ms. PRYCE of Ohio. Mr. Speaker, this legislation wasted an opportunity to reauthorize a bipartisan health care program for low-income children. I support SCHIP and would welcome its renewal and improvement. But this House is abandoning its mission of providing needed health care coverage for low-income children who otherwise would go without, and instead

enrolling millions of middle class families—even adults—with income upwards of \$80,000, some who already have private insurance, in this government-run health care plan.

Why are we pushing our middle class into government health care when there are so many low-income kids who still need help? And why are we asking seniors to pay for it? In Ohio, 70 percent of uninsured children who are currently eligible for SCHIP are not enrolled in the program. Congress should work to cover these children before it pursues this overly ambitious and costly entitlement expansion on the backs of our senior citizens.

In my district, some 13,000 seniors would be dropped from their Medicare plan to pay for this bill. Additionally, many of the services seniors rely on most will be cut under this bill—from cuts to skilled nursing facilities, to oxygen, to wheelchairs, to home health care. This is simply unnecessary and unfair.

I have devoted much of my career in the House to giving a voice to children and promoting programs to help them. It is therefore truly unfortunate and disappointing that the Democrat majority has rushed this bill to the floor, with no Republican input and no chance of improving it through the amendment process. And, I regret, that due to this unnecessary over-reaching, one-sided legislative process, I was compelled to oppose this irresponsible bill. We can do better. Our kids and our seniors deserve better.

Mr. PETRI. Mr. Speaker, I am a strong supporter of the State Children's Health Insurance Program (SCHIP) that provides needed health care coverage to millions of children across this nation. It is vital to our nation's children and is in need of expansion in order to cover all eligible uninsured children.

In fact, this February I joined many of my colleagues in sending a letter to the Budget Committee requesting that the fiscal year 2008 budget include sufficient funding to maintain existing SCHIP caseloads, as well as make reauthorization of the program a high priority.

Unfortunately, I believe that H.R. 3162 takes the wrong approach and goes beyond what is necessary to cover uninsured children in America. Furthermore, the legislation puts seniors in my district at risk by making cuts to the Medicare Program. By trying to do too much in this bill, we have shifted our focus from helping our nation's children and now have a bill that has become mired in controversy.

I believe the Senate's stand-alone reauthorization legislation is a more reasonable approach. It focuses solely on strengthening SCHIP by implementing measures to expand the enrollment of low-income children as well as to improve the quality of health care that children in the program receive.

House passage today is not the final step in the legislative process, of course. While I cannot support the bill before us today, I hope that when a conference report is brought before us, it will be a reasonable compromise that provides needed expansion of SCHIP without the troublesome provisions of this bill. We need to reauthorize and strengthen this important and necessary program.

Mrs. MALONEY of New York. Mr. Speaker, I rise today in strong support of H.R. 3162, the Children's Health and Medicare Protection Act (CHAMP Act).

This important legislation will provide health care to 11 million children by reauthorizing

and strengthening the Children's Health Insurance Program (CHIP).

Insuring America's children is an affordable goal. It costs less than \$3.50 a day—about the cost of a Starbucks Frappuccino—to cover a child through CHIP. Certainly we can all agree that this is an investment worth making.

In addition to providing health coverage to children, this bill strengthens Medicare to ensure beneficiaries have access to their doctors and improves benefits to cover preventative and mental health services.

This bill lays the groundwork for a long-term solution to the physician payment system.

Medicare physician payment rates are set to be cut by 10 percent in 2008 and a 5 percent cut each year thereafter under current law. This bill eliminates pending cuts and enacts a .5 percent increase in both 2008 and 2009.

Congress has a responsibility to protect our children's access to affordable health care and strengthen Medicare for patients and physicians.

This bill accomplishes both these goals.

I urge my colleagues to support this important legislation.

Mr. BISHOP of Georgia. Mr. Speaker, since its inception in 1997, I have been a steadfast proponent of SCHIP. This was perhaps most evident in January of this year when PeachCare, Georgia's SCHIP funded program, faced a \$131 million shortfall. I hosted a bipartisan delegation of Georgia lawmakers and public health officials who came to Washington to persuade the House leadership to fix the problem. In May, Congress approved and the President signed into law legislation which eliminated this shortfall faced by Georgia and other states.

While my support of children's health care has never been in question, my vote today in favor of the bill was a difficult choice. I'm very uncomfortable with voting for any excise tax, especially one as regressive as a tobacco tax. The CHAMP Act presents a dilemma: improve access to health insurance for our youngest and most vulnerable citizens, or oppose the legislation to avoid causing harm to the many retailers and employees whose livelihoods depend upon the sale of tobacco, as well as the state and local governments that depend upon revenues generated from tobacco sales.

This is not a perfect bill. But let us not let the "perfect" be the enemy of the "good." This bill will ensure our children grow up healthy and strong, save millions of dollars for the taxpayers who pick up the tab for indigent care in emergency rooms, strengthen access to health care in rural America, and protect our nation's seniors by giving them the healthcare they deserve.

Mr. LATHAM. "Mr. Speaker, I rise today in opposition to R.R. 3162. First, I fully support reauthorizing the SCHIP program and preserving this important program intended to provide health insurance to low-income children.

Having said that, I cannot support a bill that robs America's seniors of their Medicare benefits in order to give taxpayer-financed health care to illegal immigrants. The bill before us eliminates requirements that applicants show proof of citizenship, potentially allowing millions of illegal immigrants access to Medicaid and SCHIP.

Furthermore, there is no requirement to ensure that eligible children from low-income families are enrolled before expanding cov-

erage to children from middle-class or wealthier families. No limits on income eligibility are included, allowing a virtually open-ended expansion of the program to children that already have private health insurance. Meanwhile, 70 percent of uninsured children are already eligible for Medicaid or SCHIP and most of these are in the low-income category. The original intent of SCHIP was to cover low-income children, and we need to give these kids priority.

To pay for the expansion of SCHIP, Democrats are cutting over \$157 billion from Medicare Advantage, which provides enhanced benefits like prescription drug, vision and dental coverage, as well as lower out-of-pocket costs, for almost 51,000 Iowa seniors. This will result in a reduction of benefits for seniors enrolled in Medicare Advantage, and an increase in their costs. These drastic cuts will even force 3 million current beneficiaries out of the program.

Pitting grandparents against their grandchildren is simply wrong. I urge my colleagues to reject this bill. Let's go back to the drawing board to produce a more responsible bill focused on providing health insurance to children from low-income families."

Mrs. BONO. Mr. Speaker, I would like to express my strong support for the State Children's Health Insurance Program, or SCHIP, and the need for this program to be reauthorized. But, unfortunately, I must also state my opposition to the proposals that we have before us on the floor today.

Since its enactment in 1997, SCHIP has been a tremendous success. SCHIP has been adopted in one form or another in every state across the nation. In my own state of California, we have enacted a combination of the SCHIP and Medicaid program to optimize coverage in the state. This program is better known as Healthy Families and currently provides coverage to more than 800,000 children. I strongly support the coverage that currently exists in California and voice my continued commitment to maintaining that coverage.

I was heartened to see the bipartisan compromise that emerged from the Senate Health, Education, Labor, and Pensions (HELP) Committee earlier this month and that is currently being debated on the Senate floor. This legislation ensures that states will have adequate federal funding to continue their existing programs, while allowing others to expand coverage to more children. The bill also allows states to cover pregnant women and includes provisions to transition childless adults into Medicaid. The Congressional Budget Office (CBO) estimates that this bill will lead to the coverage of three and a half million new children. And all this was done at \$15 billion less than the SCHIP portion of the proposal that we have before us today. While I recognize that the Senate proposal is still a work in progress, I am supportive of many of the principles laid forth in this legislation and appreciate the flexibility with which states are allowed to continue operating this program.

This CHAMP Act that is before us includes many provisions that are positive and attempt to address some very real and very serious problems facing the health care community. I know that my own state would benefit greatly from the Adult Day Health Care Services provision within the bill and would allow California and 7 other states to continue operating their long standing and successful programs. There

are provisions that will amend Medicare Part D to aid patients relying on the AIDS Drug Assistance Program or ADAP to pay for their drugs. Perhaps most importantly, this legislation also includes a two year update for payments to physicians under the Medicare fee schedule. If current law is allowed to move forward doctors will be forced to absorb a nearly 10% cut in reimbursements. As the daughter of a doctor, I am sympathetic to this cause and have been supportive of efforts to stave off devastating cuts that have been pending in years past. I strongly believe that the problems we face as a result of the Sustainable Growth Rate (SGR) deserve our full and careful attention. I do not, however, believe that this is the vehicle to do so.

While I support many, if not most of the provisions in this bill, I have a responsibility to vote for programs and policies that are necessary for the public and affordable for the taxpayer. This bill is typical of what we have come to expect from a Congress that refuses to put limits on what they are willing to support and ask the taxpayers to fund.

I joined with several of my colleagues in co-sponsoring H.R. 3269, the Children's Health Insurance Program Reauthorization Act of 2007, which was introduced by Representative HEATHER WILSON yesterday afternoon. I am proud to have co-sponsored this legislation that will do what needs to be done in an affordable and responsible manner. It would be a tragedy if this bill, that has bipartisan support in the Senate, were to lose and so many important projects pushed off track because this Congress refuses to deal with everyday realities of taxpayers struggling to make ends meet. I am deeply disappointed in the decision made by my colleagues on the Rules Committee to not only allow rejection of this amendment but every other amendment that may have helped to improve and reign in this irresponsible bill.

To help pay for the obscene \$90 billion price tag of this legislation, cuts have been proposed to hospital payments, inpatient rehabilitation services, skilled nursing facilities, and home health care services to name a few. I am very alarmed that a lion's share of these cutbacks will be felt by Medicare Advantage and the 8 million Medicare beneficiaries currently enrolled. In Riverside County alone, nearly 50 percent of Medicare beneficiaries have chosen to participate in a Medicare Advantage plan, more than 100,000 seniors. The bill that we have before us today will put each of us in the position of having to choose between children and seniors.

As I have often stated, SCHIP must be reauthorized; 6.6 million children who are currently enrolled will find their coverage jeopardized if Congress does not act. We have long known that September 30th was looming and instead of acting, the leadership of the various Committee's of jurisdiction have chosen to wait until the 11th hour, and not just act on SCHIP, but to create a veritable Christmas tree of major health care policy reforms with no legislative hearings. We can and should act on behalf of SCHIP. I encourage my colleagues in the House to follow the example of the Senate and consider a bill that is clean and focused and allows members to vote their conscience on coverage for children.

I will not be voting for the CHAMP Act today for these reasons. I hope that my colleagues on both sides of the aisle will come together

during Conference, put aside partisanship, put aside a grab bag of legislation and bring back a bill that is truly for our children.

Mr. KIND. Mr. Speaker, I rise today in support of HR 3162, the Children's Health and Medicare Protection Act. The CHAMP Act makes crucial investments in children's health, preventive care, rural providers, and improved services for Medicare beneficiaries. I urge all of my colleagues to support this important legislation.

Over the past several months, this Congress has debated how best to resolve serious problems facing this country's healthcare system: how do we provide responsible, reasonable healthcare coverage to children of working families? How do we modernize the benefits package provided to seniors under Medicare? How do we ensure that physicians and other providers caring for these seniors are paid fairly under Medicare? And finally, how do we accomplish all of these goals while at the same time adhering to the responsible budgeting rules this Congress has adopted for itself through pay-as-you-go budgeting rules?

As a member of the Ways and Means Committee faced with these issues, I can tell you that it has not been easy. I do not believe, however, that our constituents elected us to come to Washington and make the easy decisions. We are here to govern, to balance competing and often equally deserving interests, and to arrive at a solution that we think is best for this country. I believe the CHAMP Act accomplishes all of these goals.

This legislation will expand health care coverage to some 5 million new children across the country, allowing them to receive the vital preventive care that we know is essential for a healthy future. The CHAMP Act pays for this new investment through an increase in the federal tobacco tax, a move that itself will improve the health of our children by making cigarettes more expensive to buy. The forty-five cent tobacco tax increase included in this bill will reduce youth smoking rates by almost seven percent and will result in significant future savings in healthcare costs.

The CHAMP Act also invests in this country's seniors by eliminating cost-sharing for preventive services under Medicare. This move will allow seniors to get essential services—such as check-ups, cancer and diabetes screenings, and flu and pneumonia vaccines—for no out-of-pocket costs.

We know that in order to improve seniors' quality of life and to prevent and detect life-threatening diseases, we must make this investment in prevention and primary care. I am proud of this important advance.

Lastly, this legislation ensures that rural healthcare providers are paid fairly for the services they provide to seniors. The Medicare program provides a vital healthcare safety net for seniors living in rural areas. The CHAMP Act ensures that this level of care can continue by providing fair payments to physicians, ambulance providers, home health agencies, and other practitioners who care for the more than 9 million seniors living in rural areas.

The CHAMP Act is the right choice for Wisconsin and the right choice for this country.

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 594, the previous question is ordered on the bill, as amended.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT OFFERED BY MS. GRANGER

Ms. GRANGER. Mr. Speaker, I offer a motion to recommit.

The SPEAKER pro tempore. Is the gentlewoman opposed to the bill?

Ms. GRANGER. I am, Mr. Speaker, in its present form.

Mr. DINGELL. Mr. Speaker, I reserve a point of order. After the motion is read, I will know whether to insist on the point of order or not.

The SPEAKER pro tempore. The point of order is reserved.

The Clerk will report the motion to recommit.

The Clerk read as follows:

Ms. Granger moves to recommit the bill, H.R. 3162, to the Committees on Energy and Commerce and Ways and Means with instructions to report the same back to the House forthwith with the following amendments:

Amend title I to read as follows:

TITLE I—EXTENSION OF STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)

SEC. 101. EXTENSION OF SCHIP.

Section 2104(a) of the Social Security Act (42 U.S.C. 1397dd(a)) is amended—

(1) by striking "and" at the end of paragraph (9);

(2) by striking the period at the end of paragraph (10); and

(3) by adding at the end the following new paragraph:

"(11) for fiscal year 2008, \$5,000,000,000."

SEC. 102. ADDITIONAL ALLOTMENTS TO ADDRESS SCHIP FUNDING SHORTFALLS FOR FISCAL YEAR 2008.

Section 2104 of the Social Security Act (42 U.S.C. 1397dd) is amended by adding at the end the following new subsection:

"(i) AMOUNTS TO ELIMINATE FISCAL YEAR 2008 FUNDING SHORTFALLS.—

"(1) IN GENERAL.—From the amounts appropriated under paragraph (4), the Secretary shall allot to each shortfall State described in paragraph (2) such amount as the Secretary determines will eliminate the estimated shortfall described in such paragraph for the State for fiscal year 2008.

"(2) SHORTFALL STATE DESCRIBED.—For purposes of paragraph (1), a shortfall State described in this paragraph is a State with a State child health plan approved under this title for which the Secretary estimates, on the basis of the most recent data available to the Secretary as of a date (specified by the Secretary) during fiscal year 2008, that the projected Federal expenditures under such plan for the State for fiscal year 2008 will exceed the sum of—

"(A) the amount of the State's allotments for each of fiscal years 2006 and 2007 that will not be expended by the end of fiscal year 2007;

"(B) the amount of the State's allotment for fiscal year 2008; and

"(C) the amounts, if any, that are to be redistributed to the State during fiscal year 2008 in accordance with subsection (f).

"(3) PRORATION RULE.—If the amount available under paragraph (4) is less than the total amount of the estimated shortfalls determined by the Secretary under paragraph (1), the amount of the estimated shortfall for each shortfall State determined under such paragraph shall be reduced proportionally.

"(4) APPROPRIATION; ALLOTMENT AUTHORITY.—For the purpose of providing additional

allotments to shortfall States under this subsection, there is appropriated, out of any funds in the Treasury not otherwise appropriated, such sums as are necessary for fiscal year 2008, but not to exceed \$1,500,000,000.”

SEC. 103. OPTION FOR QUALIFYING STATES TO RECEIVE THE ENHANCED PORTION OF THE CHIP MATCHING RATE FOR MEDICAID COVERAGE OF CERTAIN CHILDREN.

Section 2105(g) of the Social Security Act (42 U.S.C. 1397ee(g)) is amended—

(1) in paragraph (1)(A), by inserting “subject to paragraph (4),” after “Notwithstanding any other provision of law,”; and

(2) by adding at the end the following new paragraph:

“(4) OPTION FOR ALLOTMENTS FOR FISCAL YEARS 2008 THROUGH 2012.—

“(A) PAYMENT OF ENHANCED PORTION OF MATCHING RATE FOR CERTAIN EXPENDITURES.—In the case of expenditures described in subparagraph (B), a qualifying State (as defined in paragraph (2)) may elect to be paid from the State’s allotment made under section 2104 for any of fiscal years 2008 through 2012 (insofar as the allotment is available to the State under subsections (e) and (i) of such section) an amount each quarter equal to the additional amount that would have been paid to the State under title XIX with respect to such expenditures if the enhanced FMAP (as determined under subsection (b)) had been substituted for the Federal medical assistance percentage (as defined in section 1905(b)).

“(B) EXPENDITURES DESCRIBED.—For purposes of subparagraph (A), the expenditures described in this subparagraph are expenditures made after the date of the enactment of this paragraph and during the period in which funds are available to the qualifying State for use under subparagraph (A), for the provision of medical assistance to individuals residing in the State who are eligible for medical assistance under the State plan under title XIX or under a waiver of such plan and who have not attained age 19, and whose family income equals or exceeds 133 percent of the poverty line but does not exceed the Medicaid applicable income level.”.

SEC. 104. MAINTAINING LIMITATION ON ELIGIBILITY FOR ALIENS.

Nothing in this Act shall be construed as changing the limitations imposed under title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 on eligibility of aliens for medical or child health assistance benefits.

SEC. 105. MAINTAINING CITIZENSHIP DOCUMENTATION REQUIREMENTS.

Nothing in this Act shall be construed as changing the citizenship documentation requirements under the Medicaid program under title XIX of the Social Security Act, as originally provided under the amendments made by section 6036 of the Deficit Reduction Act of 2005 and as subsequently amended.

SEC. 106. BIPARTISAN AND OPEN, TRANSPARENT PROCESS.

It is the sense of Congress that the State Children’s Health Insurance Program (SCHIP) under title XXI of the Social Security Act should be reauthorized and reformed through a bipartisan, open, fiscally responsible process.

In title II, strike all section but sections 201 and 202.

Amend title III to read as follows:

TITLE III—PHYSICIAN PAYMENT UPDATE

SEC. 301. UPDATE FOR PHYSICIANS’ SERVICES FOR 2008.

(a) UPDATE FOR 2006.—Section 1848(d) of the Social Security Act (42 U.S.C. 1395w(d)) is amended—

(1) in paragraph (4)(B), in the matter preceding clause (i), by striking “and (6)” and inserting “, (6), and (8)”;

(2) by adding at the end the following new paragraph:

“(8) UPDATE FOR 2008.—The update to the single conversion factor established in paragraph (1)(C) for 2008 is 0 percent.”.

(b) TREATMENT.—The amendments made by subsection (a) shall not be treated as a change in law for purposes of applying section 1848(f)(2)(D) of the Social Security Act (42 U.S.C. 1395w–4(f)(2)(D)) and, for purposes of calculating the per capita rate of growth in expenditures under section 1853 of such Act for 2009 and subsequent years, such rate of growth in expenditures shall be calculated as if such amendments had not been enacted. In carrying out the previous sentence, the Secretary of Health and Human Services shall make such calculation for 2009 in conjunction with the promulgation of the physician fee schedule under section 1848 of such Act for that year and shall use such calculation for subsequent years in computing payment rates under part C of title XVIII of such Act.

SEC. 302. FIXING PHYSICIAN SGR PROBLEM.

It is the sense of the House of Representatives that Congress should permanently fix the problem of the physician fee schedule update under section 1848 of the Social Security Act being tied to a sustainable growth rate (SGR).

In title IV, strike all sections but sections 431 and 432.

In title V, strike all section but sections 504, 505, 508, and 509.

In the matter inserted by section 601(a), strike “2009” and insert “2008”.

In subtitle A of title VI, strike all sections but sections 601, 605, and 611.

In subtitle C of title VI, strike sections 635 through 639.

Strike subtitle D of title VI.

In title VII, strike all sections but sections 702, 705, 706, and 707.

Strike title VIII.

Strike title IX.

Strike section 1002.

Ms. GRANGER (during the reading). Mr. Speaker, I ask unanimous consent that the motion be considered as read and printed in the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

Mr. STARK. I object, Mr. Speaker.

The SPEAKER pro tempore. Objection is heard.

The Clerk continued to read.

Mr. DINGELL (during the reading). Mr. Speaker, I ask unanimous consent that the motion be considered as read and printed in the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

Mr. STARK. I object.

The SPEAKER pro tempore. Objection is heard.

The Clerk continued to read.

Mr. STARK (during the reading). Mr. Speaker, I ask unanimous consent that the motion be considered as read and printed in the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

The SPEAKER pro tempore. Does the gentleman from Michigan wish to maintain his reservation?

Mr. DINGELL. Mr. Speaker, I withdraw my point of order.

The SPEAKER pro tempore. The point of order is withdrawn.

Pursuant to the rule, the gentleman from Texas is recognized for 5 minutes in support of her motion.

Ms. GRANGER. Mr. Speaker, my motion to recommit corrects a Democrat bill that will do great harm to America’s seniors and working class. It’s also the only chance that the minority’s been given in this disappointing process to amend the bill before us today. This is not the House that was promised in November.

My motion to recommit reauthorizes the SCHIP program for 1 year and provides States with the resources they need to be able to continue to provide needed health care coverage for children. The SCHIP program is a good program. It insures mental care is available to children who are needy but who are not poor enough to qualify for Medicaid.

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Currently, approximately 6.7 million children receive health care through the SCHIP program, which is broadly supported.

Let there be no doubt, Republicans support SCHIP, because we were instrumental in its creation 10 years ago. We don’t support the reckless underlying bill that raises taxes and cuts Medicare by \$200 billion, taking health care away from some of our neediest seniors.

The underlying bill is the first step to government-controlled health care and takes America in the wrong direction. It’s the most blatant attempt to expand government-run health care we have seen since HillaryCare. It takes a sensible, bipartisan program aimed at helping low-income children and turns it into a monster that will suck millions of middle-class Americans into government-run health care. The bill would create a massive new entitlement with totally inadequate funding. At a time when we already face a \$40 trillion unfunded obligation for Medicare and Social Security over the next 75 years, that’s the exact opposite of responsible public policy.

The Democrat bill takes SCHIP far beyond what it was intended to do by reversing the existing status that does not allow adults to be enrolled. The Democrats not only allow States to enroll childless adults but also eliminates a requirement for illegal immigrants to wait 5 years before receiving welfare benefits. The Republican motion to recommit continues current law enforcing the 5-year wait.

The bill in its current form also eliminates verification of citizenship status. This means that persons who come here illegally could be provided SCHIP because we don’t want to ask the right questions.

Taking benefits from seniors to expand government-run health care to adults and illegal immigrants is unconscionable. Our motion to recommit keeps the 5-year wait for SCHIP. It also maintains the standards to verify citizenship. This motion requires citizenship documentation verification for

eligibility for SCHIP and welfare benefits.

While taking care of our children, Republicans also value our seniors and have taken care in providing Medicare benefits. Medicare Advantage is a critical source of comprehensive medical coverage for over 8 million individuals. It provides coverage for seniors, and a recent bipartisan poll this year found that 90 percent of enrollees are satisfied with their Medicare plans.

The underlying bill cuts payments to Medicare Advantage plans and cuts Medicare payments to Medicare providers, including hospitals, nursing homes and home health agencies.

The cuts proposed by the Democrats in Medicare will result in nearly 3.2 million seniors losing their Medicare Advantage coverage. We would be providing coverage for children whose parents make \$100,000 a year on the backs of seniors and the Medicare coverage they chose. This would be the largest cut of Medicare in history.

In my district, 17,279 Medicare Advantage enrollees will lose their benefits if the Democrat CHAMP Act passes. This motion to recommit protects our seniors by eliminating the Medicare cuts in the bill.

Perhaps most alarming in this bill is the establishment of a new mandatory tax on private health insurance plans. While Republicans have been trying to level the playing field and eliminate the uninsured, this bill places a tax on health care plans, except those provided by the government.

The Democrat bill raises taxes by \$54 billion in an attempt to lure middle-class families to opt out of private coverage by establishing a new mandatory tax on private health insurance plans. Our motion to recommit eliminates the Democrats' new tax on America's health insurance plans.

In addition to eliminating the Medicare cuts in the Democrat bill, the motion to recommit maintains Medicare changes that improve services for Medicare beneficiaries.

These changes will ensure improved service in rural areas, an extension of the therapy cap, special needs plans, and demonstration projects on end stage renal disease services.

I urge my colleagues to vote for this motion to recommit that will protect our seniors, prevent massive tax increases, and reauthorize the current SCHIP program.

If the motion to recommit passes, the House will be able to vote on a bill that protects America's seniors and hard working citizens while also providing health care for our neediest children.

If the motion fails, I strongly urge my colleagues to vote against the Democrat CHAMP Act.

Mr. EDWARDS. Mr. Speaker, I rise in opposition to the motion.

The SPEAKER pro tempore. The gentleman from Texas is recognized for 5 minutes.

Mr. EDWARDS. Mr. Speaker, on behalf of 11 million children in our Nation and their families, I rise in opposition to this ill-advised motion to recommit.

Unbelievably, this motion would only reauthorize the children's health insurance program for only 1 year, only 1 year. So what we have here is the same Members of Congress who fought passionately to guarantee a permanent \$220,000 tax break for people making over \$1 million a year are saying right now we should only guarantee health care for children from low-income working families for 1 year.

What's fair about that? Think about it. Permanent tax breaks for the wealthiest 1 percent, but only a 1-year extension of health care for children of low-income working families. Is that the new face of passionate conservatism?

If my Republican colleagues actually think for one moment that this proposal to cut millions of children short reflects American family values, it is clear proof just how out of touch they have become with the values and priorities of hard-working American families.

Let me clear up one myth, the myth that this motion is somehow about keeping illegal immigrants from receiving SCHIP insurance. The truth is that under present law and in this reauthorization, illegal immigrants do not qualify for SCHIP benefits, period.

This is nothing more than an over-used, worn-out, divisive fear-driven tactic with no basis in fact. It's a transparent fig leaf to hide the real purpose of this motion, which is to take care of the powerful special interests who put their profits above the interest of 11 million American children.

We have a very clear choice before us right now. The motion to recommit continued the sound bite politics of the past, the politics of fear, and the politics of catering to powerful special interests. In contrast, we can vote for a new day, a new politics. We can vote to put the interests of the 11 million children and the families who love them above the special interest of the powerful insurance companies, who sometimes care more about their huge profits at taxpayers' expense and helping so many children.

The choice is clear: Either vote for our children, 11 million of them, or vote to take care of a handful of well-heeled special interests who support this motion to recommit.

This choice is about real people, people such as Jamie Jones. Listen to her words with me spoken 3 years ago after the Texas legislature had cut off CHIP insurance for her child.

"I am Jamie Jones. I am 28 years old.

"I live in Teague, Texas. I have a little girl that's three, Bailey.

"Two years ago in March, my husband was killed in a house fire. She was put on CHIPS, and I knew no matter what happened, she was going to be ok.

"And then about 6 months ago she was denied. I haven't changed, I haven't gotten a raise at work—she was just denied.

"There are so many people out there who work so hard. I do not want Wel-

fare, I just want good insurance for my child.

"And I am working hard. Yeah, I could quit my job tomorrow and she would be set—but I am not going to do that.

"And there are a lot of people out there who are not going to do that. And why that group has to get hurt—I don't know.

"Look at my little girl, look into her eyes and tell her why she is not good enough to be taken care of."

Tonight we have a chance to do something right and good. We can say to Jamie Jones and her little daughter Bailey that we value them and millions of other working Americans like them.

By opposing this motion to recommit and by voting for this bill, we can turn the politics of the past into the politics of hope, hope for 11 million American children. Let us at long last put the interest of our children above the politics of special interests. It is the right thing to do. The time is now. Our children are waiting.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Ms. GRANGER. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

Pursuant to clause 9 of rule XX, the Chair will reduce to 5 minutes the minimum time for any electronic vote on the question of passage.

The vote was taken by electronic device, and there were—yeas 202, nays 226, not voting 5, as follows:

[Roll No. 786]

YEAS—202

Aderholt	Buyer	English (PA)
Akin	Calvert	Everett
Alexander	Camp (MI)	Fallin
Bachmann	Campbell (CA)	Feeney
Bachus	Cannon	Flake
Baker	Cantor	Forbes
Barrett (SC)	Capito	Fortenberry
Barrow	Carney	Fossella
Bartlett (MD)	Carter	Fox
Barton (TX)	Castle	Franks (AZ)
Biggart	Chabot	Frelinghuysen
Billbray	Coble	Gallegly
Bilirakis	Cole (OK)	Garrett (NJ)
Bishop (UT)	Conaway	Gerlach
Blackburn	Cubin	Gilchrest
Blunt	Culberson	Gillmor
Boehner	Davis (KY)	Gingrey
Bonner	Davis, David	Gohmert
Bono	Davis, Tom	Goode
Boozman	Deal (GA)	Goodlatte
Boustany	Dent	Granger
Brady (TX)	Donnelly	Graves
Brown (GA)	Doolittle	Hall (TX)
Brown (SC)	Drake	Hastert
Brown-Waite,	Dreier	Hastings (WA)
Ginny	Duncan	Hayes
Buchanan	Ehlers	Heller
Burgess	Ellsworth	Hensarling
Burton (IN)	Emerson	Herger

Hill	McKeon	Sali	Ros-Lehtinen	Sherman	Van Hollen	Kanjorski	Moore (KS)	Serrano
Hobson	McMorris	Saxton	Ross	Sires	Velázquez	Kaptur	Moore (WI)	Sestak
Hoekstra	Rodgers	Schmidt	Rothman	Skelton	Viscosky	Kennedy	Moran (VA)	Shays
Hulshof	Mica	Sensenbrenner	Roybal-Allard	Slaughter	Walz (MN)	Kildee	Murphy (CT)	Shea-Porter
Hunter	Miller (FL)	Shadegg	Ruppersberger	Smith (WA)	Wasserman	Kilpatrick	Murphy, Patrick	Sherman
Inglis (SC)	Miller (MI)	Shays	Rush	Snyder	Schultz	Kind	Murtha	Sires
Issa	Miller, Gary	Shimkus	Ryan (OH)	Solis	Waters	Klein (FL)	Nadler	Skelton
Jindal	Moran (KS)	Shuler	Salazar	Space	Watson	Kucinich	Napolitano	Slaughter
Johnson (IL)	Murphy, Tim	Shuster	Sánchez, Linda	Spratt	Watt	LaHood	Neal (MA)	Smith (WA)
Jones (NC)	Musgrave	T.	T.	Stark	Waxman	Lampson	Oberstar	Snyder
Jordan	Myrick	Simpson	Sanchez, Loretta	Stupak	Weiner	Langevin	Obey	Solis
Keller	Neugebauer	Smith (NE)	Sarbanes	Sutton	Lantos	Larsen (WA)	Oliver	Space
King (IA)	Nunes	Smith (NJ)	Schakowsky	Tanner	Welch (VT)	Larson (CT)	Ortiz	Spratt
King (NY)	Paul	Smith (TX)	Schiff	Tauscher	Wexler	Lee	Pallone	Stark
Kingston	Pearce	Souder	Schwartz	Thompson (CA)	Wilson (OH)	Levin	Pascarell	Stupak
Kirk	Pence	Stearns	Scott (GA)	Thompson (MS)	Woolsey	Lewis (GA)	Pastor	Sutton
Kline (MN)	Peterson (PA)	Sullivan	Scott (VA)	Tierney	Wu	Lipinski	Payne	Tanner
Knollenberg	Petri	Tancredo	Serrano	Towns	Wynn	LoBiondo	Pelosi	Tauscher
Kuhl (NY)	Pickering	Taylor	Sestak	Udall (CO)	Yarmuth	Loebsack	Perlmutter	Thompson (CA)
LaHood	Pitts	Terry	Shea-Porter	Udall (NM)		Lofgren, Zoe	Peterson (MN)	Thompson (MS)
Lamborn	Platts	Thornberry				Lowe	Pomeroy	Tierney
Latham	Poe	Tiahrt				Lynch	Price (NC)	Towns
LaTourette	Porter	Tiberi	Clarke	Davis, Jo Ann	Sessions	Mahoney (FL)	Rahall	Udall (CO)
Lewis (CA)	Price (GA)	Turner	Crenshaw	Johnson, Sam		Maloney (NY)	Rangel	Udall (NM)
Lewis (KY)	Pryce (OH)	Upton				Markey	Reyes	Van Hollen
Linder	Putnam	Walberg				Matheson	Rodriguez	Velázquez
LoBiondo	Radanovich	Walden (OR)				Matsui	Ross	Viscosky
Lucas	Ramstad	Walsh (NY)				McCarthy (NY)	Rothman	Walz (MN)
Lungren, Daniel	Regula	Wamp				McCollum (MN)	Roybal-Allard	Wasserman
E.	Rehberg	Weldon (FL)				McDermott	Ruppersberger	Schultz
Mack	Reichert	Weller				Rush	Waters	
Manzullo	Renzi	Westmoreland				McGovern	Ryan (OH)	Watson
Marchant	Reynolds	Whitfield				McNerney	Salazar	Watt
Marshall	Rogers (AL)	Wicker				McNulty	Sánchez, Linda	Waxman
McCarthy (CA)	Rogers (KY)	Wilson (NM)				Meek (FL)	T.	Weiner
McCaul (TX)	Rogers (MI)	Wilson (SC)				Meeks (NY)	Sanchez, Loretta	Welch (VT)
McCotter	Rohrabacher	Wolf				Melancon	Sarbanes	Wexler
McCrery	Roskam	Young (AK)				Michaud	Schakowsky	Wilson (OH)
McHenry	Royce	Young (FL)				Miller (NC)	Schiff	Woolsey
McHugh	Ryan (WI)					Miller, George	Schwartz	Wu
						Mitchell	Scott (GA)	Wynn
						Mollohan	Scott (VA)	Yarmuth

NOT VOTING—5

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE
The SPEAKER pro tempore (during the vote). Members are advised 2 minutes are remaining in this vote.

□ 1929

Ms. HOOLEY changed her vote from “yea” to “nay.”

Messrs. GOODE, GALLEGLY, FRELINGHUYSEN, JOHNSON of Illinois, and MARSHALL changed their vote from “nay” to “yea.”

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. MCCRERY. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 225, nays 204, not voting 4, as follows:

[Roll No. 787]

YEAS—225

Abercrombie	Dingell	Lantos	Aderholt	Duncan	LaTourette
Ackerman	Doggett	Larsen (WA)	Akin	Ehlers	Lewis (CA)
Allen	Doyle	Larson (CT)	Alexander	Ellsworth	Lewis (KY)
Altmire	Edwards	Lee	Bachmann	Emerson	Linder
Andrews	Ellison	Levin	Bachus	English (PA)	Lucas
Arcuri	Emanuel	Lewis (GA)	Baker	Etheridge	Lungren, Daniel
Baca	Engel	Lipinski	Barrett (SC)	Everett	E.
Baird	Eshoo	Loebsack	Bartlett (MD)	Fallin	Mack
Baldwin	Etheridge	Lofgren, Zoe	Barton (TX)	Feeney	Manzullo
Bean	Farr	Lowe	Biggert	Flake	Marchant
Becerra	Fattah	Lynch	Bilbray	Forbes	Marshall
Berkley	Ferguson	Mahoney (FL)	Billakis	Fortenberry	McCarthy (CA)
Berman	Filner	Maloney (NY)	Bishop (UT)	Fossella	McCaul (TX)
Berry	Frank (MA)	Markey	Blackburn	Fox	McCotter
Bishop (GA)	Giffords	Matheson	Blunt	Franks (AZ)	McCrery
Bishop (NY)	Gillibrand	Matsui	Boehner	Frelinghuysen	McHenry
Blumenauer	Gonzalez	McCarthy (NY)	Bonner	Gallegly	McHugh
Boren	Gordon	McCollum (MN)	Bono	Garrett (NJ)	McIntyre
Boswell	Green, Al	McDermott	Boozman	Gerlach	McKeon
Boucher	Green, Gene	McGovern	Boren	Gilchrest	McMorris
Boyd (FL)	Grijalva	McIntyre	Boustany	Gillmor	Rodgers
Boyd (KS)	Gutierrez	McNerney	Brady (TX)	Gingrey	Mica
Brady (PA)	Hall (NY)	McNulty	Brown (GA)	Gohmert	Miller (FL)
Braley (IA)	Hare	Meek (FL)	Brown (SC)	Miller	Miller (MI)
Brown, Corrine	Harman	Meeks (NY)	Brown-Waite, Ginny	Goodlatte	Miller, Gary
Butterfield	Hastings (FL)	Michaud	Buchanan	Granger	Moran (KS)
Capps	Herseth Sandlin	Miller (NC)	Burgess	Graves	Murphy, Tim
Capuano	Higgins	Miller (CA)	Burton (IN)	Hall (TX)	Musgrave
Cardoza	Hinchev	Miller, George	Buyer	Hastert	Myrick
Carnahan	Hinojosa	Mitchell	Calvert	Hastings (WA)	Neugebauer
Carson	Hirono	Mollohan	Camp (MI)	Heller	Nunes
Castor	Hodes	Moore (KS)	Campbell (CA)	Hensarling	Paul
Chandler	Holden	Moore (WI)	Cannon	Herger	Pearce
Clay	Holt	Moran (VA)	Cantor	Hill	Pence
Cleaver	Honda	Murphy (CT)	Carter	Hobson	Peterson (PA)
Clyburn	Hookey	Murphy, Patrick	Castle	Hoekstra	Petri
Cohen	Hoyer	Murtha	Chabot	Hulshof	Pickering
Conyers	Inslee	Nadler	Coble	Hunter	Pitts
Cooper	Israel	Napolitano	Cole (OK)	Inglis (SC)	Platts
Costa	Jackson (IL)	Neal (MA)	Conaway	Issa	Poe
Costello	Jackson-Lee	Oberstar	Cooper	Jindal	Porter
Courtney	(TX)	Obey	Cubin	Johnson (IL)	Price (GA)
Cramer	Jefferson	Oliver	Culberson	Jones (NC)	Pryce (OH)
Crowley	Johnson (GA)	Ortiz	Davis (KY)	Jordan	Putnam
Cuellar	Johnson, E. B.	Pallone	Davis, David	Keller	Radanovich
Cummings	Jones (OH)	Pascarell	Davis, Tom	King (IA)	Ramstad
Davis (AL)	Kagen	Pastor	Deal (GA)	King (NY)	Regula
Davis (CA)	Kanjorski	Payne	Dent	Kingston	Rehberg
Davis (IL)	Kaptur	Pelosi	Diaz-Balart, L.	Kirk	Reichert
Davis, Lincoln	Kennedy	Perlmutter	Diaz-Balart, M.	Kline (MN)	Renzi
DeFazio	Kildee	Peterson (MN)	Donnelly	Knollenberg	Reynolds
DeGette	Kilpatrick	Pomeroy	Doolittle	Kuhl (NY)	Rogers (AL)
Delahunt	Kind	Price (NC)	Drake	Lamborn	Rogers (KY)
DeLauro	Klein (FL)	Rahall	Dreier	Latham	Rogers (MI)
Diaz-Balart, L.	Kucinich	Rangel			Rohrabacher
Diaz-Balart, M.	Lampson	Reyes			
Dicks	Langevin	Rodriguez			

NAYS—226

NAYS—204

Ros-Lehtinen	Smith (NE)	Walberg
Roskam	Smith (NJ)	Walden (OR)
Royce	Smith (TX)	Walsh (NY)
Ryan (WI)	Souder	Wamp
Sali	Stearns	Weldon (FL)
Saxton	Sullivan	Weller
Schmidt	Tancredo	Westmoreland
Sensenbrenner	Taylor	Whitfield
Sessions	Terry	Wicker
Shadegg	Thornberry	Wilson (NM)
Shimkus	Tiahrt	Wilson (SC)
Shuler	Tiberi	Wolf
Shuster	Turner	Young (AK)
Simpson	Upton	Young (FL)

NOT VOTING—4

Clarke	Davis, Jo Ann
Crenshaw	Johnson, Sam

ANNOUNCEMENT BY THE SPEAKER

The SPEAKER (during the vote). Members are advised there are 2 minutes remaining on this vote.

□ 1937

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

MESSAGE FROM THE PRESIDENT

A message in writing from the President of the United States was communicated to the House by Ms. Wanda Evans, one of his secretaries.

BLOCKING PROPERTY OF PERSONS UNDERMINING THE SOVEREIGNTY OF LEBANON OR ITS DEMOCRATIC PROCESSES AND INSTITUTIONS—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 110-53)

The SPEAKER pro tempore (Mr. ROSS) laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, without objection, referred to the Committee on Foreign Affairs and ordered to be printed:

To the Congress of the United States:

Pursuant to the International Emergency Economic Powers Act, as amended (50 U.S.C. 1701 et seq.) (IEEPA), I hereby report that I have issued an Executive Order declaring a national emergency to deal with the threat in Lebanon posed by the actions of certain persons to undermine Lebanon's legitimate and democratically elected government or democratic institutions, to contribute to the deliberate breakdown in the rule of law in Lebanon, including through politically motivated violence and intimidation, to reassert Syrian control or contribute to Syrian interference in Lebanon or to infringe upon or undermine Lebanese sovereignty, contributing to political and economic instability in that country and the region. Such actions constitute an unusual and extraordinary threat to the national security and foreign policy of the United States.

This order will block the property and interests in property of persons determined by the Secretary of the Treasury, in consultation with the Sec-

retary of State, to have taken, or to pose a significant risk of taking, actions, including acts of violence, that have the purpose or effect of undermining Lebanon's democratic processes or institutions or contributing to the breakdown of the rule of law in Lebanon, supporting the reassertion of Syrian control or contributing to Syrian interference in Lebanon, or infringing upon or undermining Lebanese sovereignty. The order further authorizes the Secretary of the Treasury, in consultation with the Secretary of State, to block the property and interests in property of those persons determined to have materially assisted, sponsored, or provided financing, material, logistical, or technical support for, or goods or services in support of, such actions or any person whose property and interests in property are blocked pursuant to the order; to be a spouse or dependent child of any person whose property and interests in property are blocked pursuant to the order; or to be owned or controlled by, or to act or purport to act for or on behalf of, directly or indirectly, any person whose property and interests in property are blocked pursuant to the order.

I delegated to the Secretary of the Treasury, in consultation with the Secretary of State, the authority to take such actions, including the promulgation of rules and regulations, and to employ all powers granted to the President by IEEPA as may be necessary to carry out the purposes of my order.

I am enclosing a copy of the Executive Order I have issued.

GEORGE W. BUSH.
THE WHITE HOUSE, August 1, 2007.

□ 1945

PROVIDING FOR CONSIDERATION OF H.R. 1495, WATER RESOURCES DEVELOPMENT ACT OF 2007

Ms. MATSUI. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 597 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 597

Resolved, That upon adoption of this resolution it shall be in order to consider the conference report to accompany the bill (H.R. 1495) to provide for the conservation and development of water and related resources, to authorize the Secretary of the Army to construct various projects for improvements to rivers and harbors of the United States, and for other purposes. All points of order against the conference report and against its consideration are waived. The conference report shall be considered as read.

The SPEAKER pro tempore. The gentleman from California is recognized for 1 hour.

Ms. MATSUI. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Washington (Mr. HASTINGS). All time yielded during consideration of the rule is for debate only.

GENERAL LEAVE

Ms. MATSUI. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks and insert extraneous materials into the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Ms. MATSUI. Mr. Speaker, I yield myself such time as I may consume.

(Ms. MATSUI asked and was given permission to revise and extend her remarks.)

Ms. MATSUI. Mr. Speaker, House Resolution 597 provides for consideration of the conference report to accompany H.R. 1495, the Water Resources Development Act of 2007. The rule waives all points of order against the conference report and its consideration and considers the conference report as read.

Mr. Speaker, it has been well-documented that our country has not had a WRDA bill in over 7 years. Seven years is perilously close to an entire generation passing without a national water resources policy being signed into law by the President. We are taking a big step in that direction today.

WRDA authorizes upwards of \$20 billion for the construction of water resource development projects and studies by the Army Corps of Engineers for flood control, navigation, and environmental restoration. Additionally, H.R. 1495 authorizes hurricane recovery activities along the gulf coast that would cost an estimated \$2 billion. Furthermore, the bill requires an external peer review for studies and projects that would cost more than \$45 million. The bill also coordinates environmental analyses and other permit processes among Federal and State agencies and authorizes environmental quality initiatives.

In my district in Sacramento, California, this WRDA bill is one of the most important pieces of legislation that will pass Congress this year. We have been waiting a long time for this bill. Sacramento is the most at-risk river city for catastrophic flooding. Located at the confluence of the Sacramento and American Rivers, the Sacramento floodplain contains: 165,000 homes; over 488,000 residents; 1,300 government facilities, including the State capitol; and businesses providing 200,000 jobs. It is a hub of a six-county regional economy that provides 800,000 jobs for 1.5 million people.

A major flood along the American River or the Sacramento River would have catastrophic ripple effects regionally and nationally; cost upwards of \$35 billion in direct property damages; and likely would result in significant loss of life to our families, friends, and neighbors. In my district we understand the need and urgency for an overarching water resources policy to protect our homes, businesses, and families. Sacramento needs this bill, but so